WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Wisconsin Mental Health and Substance Use Needs Assessment 2025

P-00613 (09/2025)

Introduction

The Wisconsin Department of Health Services (DHS) is committed to using data to inform its mission to protect and promote the health and safety of the people of Wisconsin.

This report provides a snapshot of mental health and substance use in Wisconsin. It presents a set of mental health and substance use indicators as measured by national and state data sets. The collection of indicators included in this report provides a unique overview of the mental health and substance use concerns of Wisconsinites at a point in time as well as a mechanism for tracking changes and trends.

This report is designed to assist researchers, clinicians, and policymakers to better understand and respond to mental health and substance use concerns in Wisconsin. It is also used by DHS to develop funding and program priorities for the Community Mental Health Services Block Grant and the Substance Use Prevention, Treatment, and Recovery Services Block Grant.

Key findings

Mental health

- Wisconsin's prevalence rates for mental health issues of any magnitude, including suicide, are slightly above the national rates.
- Across all mental illness types, Wisconsin residents ages 18-25 experience higher prevalence rates than older age groups.
- Service utilization across youth and adult populations are complex and may have been impacted by changes during the COVID-19 pandemic.

Substance use

- Wisconsin's prevalence rates for substance use disorders are slightly higher than the national average.
- Alcohol use in Wisconsin is significantly higher than the national average.
- Any-opioid drug deaths increased between 2020 and 2023 across all age groups and ethnicities.

Mental health prevalence

Any mental illness, major depressive episodes, serious mental illness

Adults are classified as having any mental illness if they have had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), excluding developmental disorders and substance use disorders.

Individuals are classified as having had a major depressive episode in the past 12 months if they have had at least one period of two weeks or longer in the past year when for most of the day nearly every day, they felt depressed or lost interest or pleasure in daily activities and they also have had problems with sleeping, eating, energy, concentration, self-worth, or having recurrent thoughts of death or recurrent suicidal ideation.

Adults are classified as having serious mental illness if they have had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

Table 1: Adult mental health prevalence – 2022-2023 national rates versus Wisconsin

Demographic Characteristic	United States Any Mental Illness	United States Major Depressive Episode	United States Serious Mental Illness	Wisconsin Any Mental Illness	Wisconsin Major Depressive Episode	Wisconsin Serious Mental Illness
TOTAL	23.0	8.6	5.8	24.8	9.0	6.5
AGE GROUP						
18-25	35.0	18.8	11.0	41.1	21.3	12.9
26 or older	21.0	7.1	5.0	22.2	7.0	5.5

Figures represent the percent of the total population.

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 2: Mental health prevalence indicators for Wisconsin by age group – 2022-2023

Classification	12-17	18-25	26+	All Adults 18+
Any mental illness	Undefined for age group	41.1	22.2	24.8
Major depressive episode	17.6	21.3	7.0	9.0
Serious mental illness	Undefined for age group	12.9	5.5	6.5

Figures represent the percent of the total population.

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

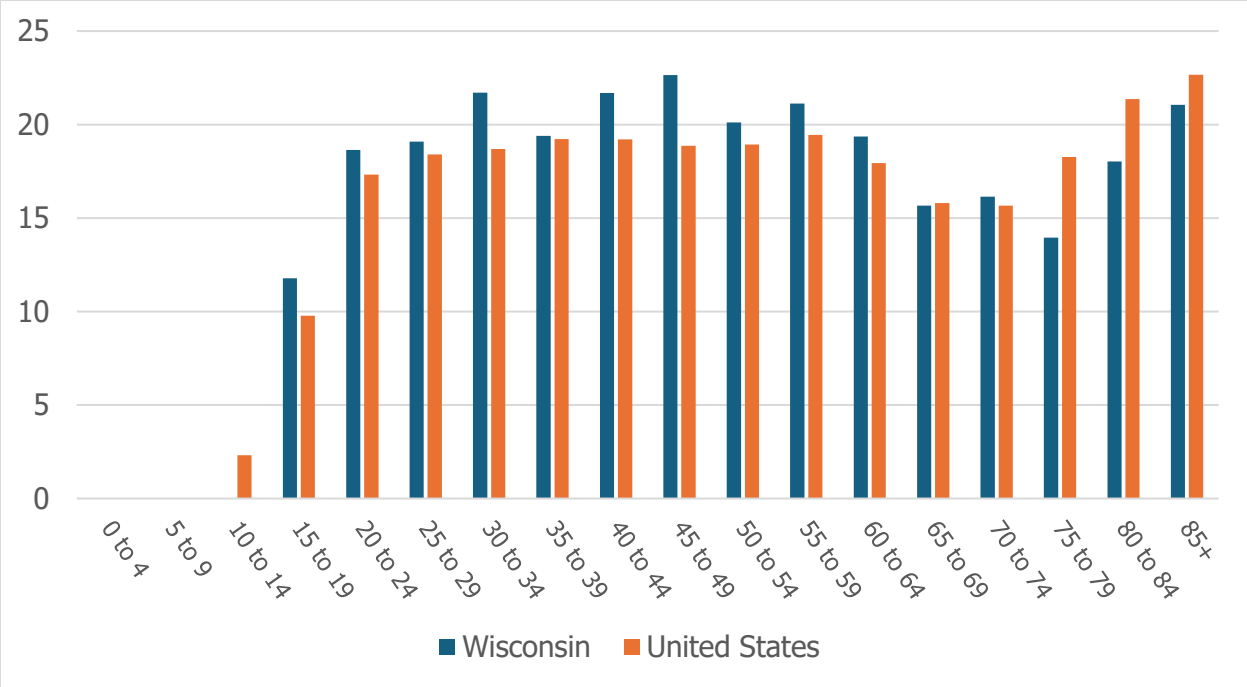
Suicide

Wisconsin has had a suicide rate slightly higher than the national average over the last 18 years including in 2023 as illustrated in Figure 1. Wisconsin's suicide rate has been higher than the national rate every year except 2012, and both rates have experienced a generally increasing trend over that period. Wisconsin's rate in 2023 (15.0) was lower than it's all time high in 2017 (15.5).

Additional disparities in Wisconsin's suicide rate exist based on sex and age. Although the suicide rate is higher in Wisconsin than the United States in general, this is especially true for the male population (23.66 for Wisconsin versus 22.75 for the United States). Women in Wisconsin have a slightly higher suicide rate than the national average (6.4 versus 5.87) (Figure 3). The rate of suicide among males is significantly higher than that among females in Wisconsin and nationally, and for every age group (Figures 2 and 3). The suicide rate peaks at ages 85+ for the United States and at age 45-49 in Wisconsin (Figure 3).

To better understand suicide in Wisconsin, see the Suicide in Wisconsin data dashboard on the DHS website.

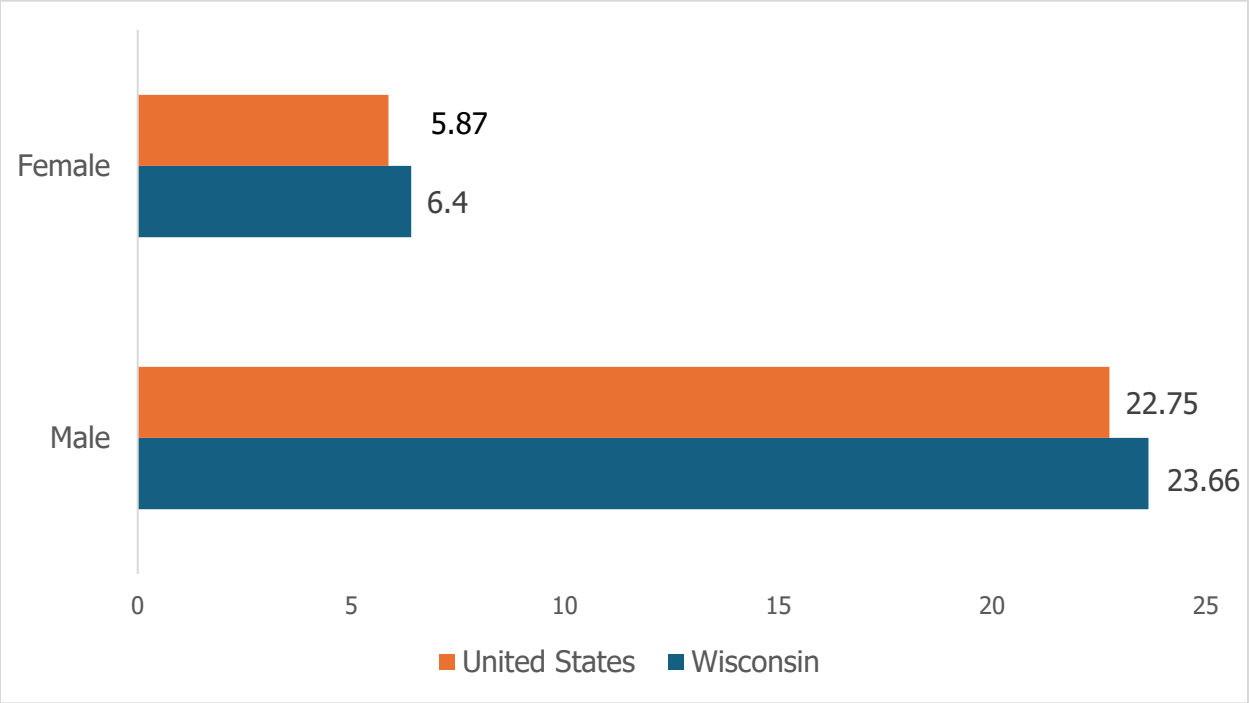
Figure 2: Wisconsin and United States suicide rate per 100,000, 2023 (age-adjusted)



Age	Wisconsin	United States
0-4	0	0
5-9	0	0
10-14	0	2.31
15-19	11.8	9.77
20-24	18.6	17.3
25-29	19.1	18.4
30-34	21.7	18.7
35-39	19.4	19.2
40-44	21.7	19.2
45-49	22.6	18.9
50-54	20.1	18.9
55-59	21.1	19.4
60-64	19.4	17.9
65-69	15.7	15.8
70-74	16.2	15.7
75-79	14.0	18.3
80-84	18.0	21.4
85+	21.1	22.7

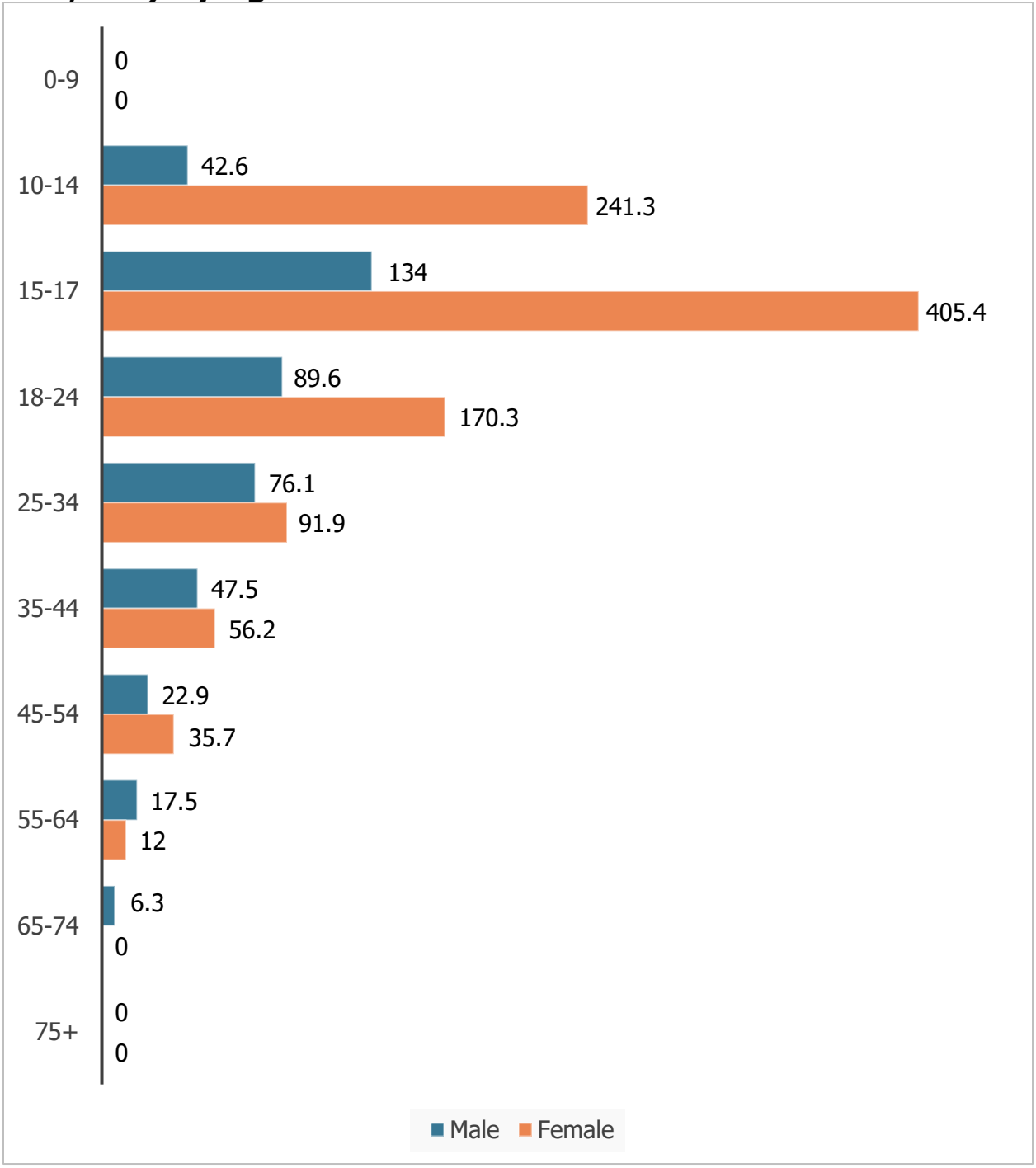
Source: WISQARS injury mortality reports for suicides, Centers for Disease Control and Prevention

Figure 3: Suicide rate per 100,000 by sex, 2023



Source: WISQARS injury mortality reports for suicides, Centers for Disease Control and Prevention

Figure 4: Wisconsin self-harm hospitalization rates (per 100,000) by age and sex for 2023



Source: Hospital discharge data, Wisconsin Hospital Association

Use of public mental health services

The public system is defined as services provided by public agencies and services paid for with public funds. Public providers are county health and human services departments and the two state mental health institutes. State correctional institutions can be categorized as a component of the public system. The largest single funder of public services is Medicaid.

Table 3: Mental health participants served by public funds in Wisconsin, 2023

Wisconsin Programs/Agencies Providing Mental Health Services	Adults Served (18+)	Youth Served (0-17)	Total Served
Public county system	55,217	13,711	68,928
Medicaid fee-for-service	109,210	75,044	184,254
Medicaid Milwaukee Wraparound	0	1,058	1,058
Subtotal of publicly funded participants (unduplicated)	269,754	142,492	412,246
State mental health institutes	3,148	559	3,707
Corrections	14,467	135	14,602
Total service participants served (partially unduplicated)	287,369	143,186	430,555

The total number of people served is unduplicated across the county system and Medicaid-funded services. Some duplication of clients served through other providers may exist.

Sources: DHS data systems and Wisconsin Department of Corrections

Adult services

This section highlights the three most used adult mental health services from 2014-2024, with data from the DHS Program Participation System (PPS).

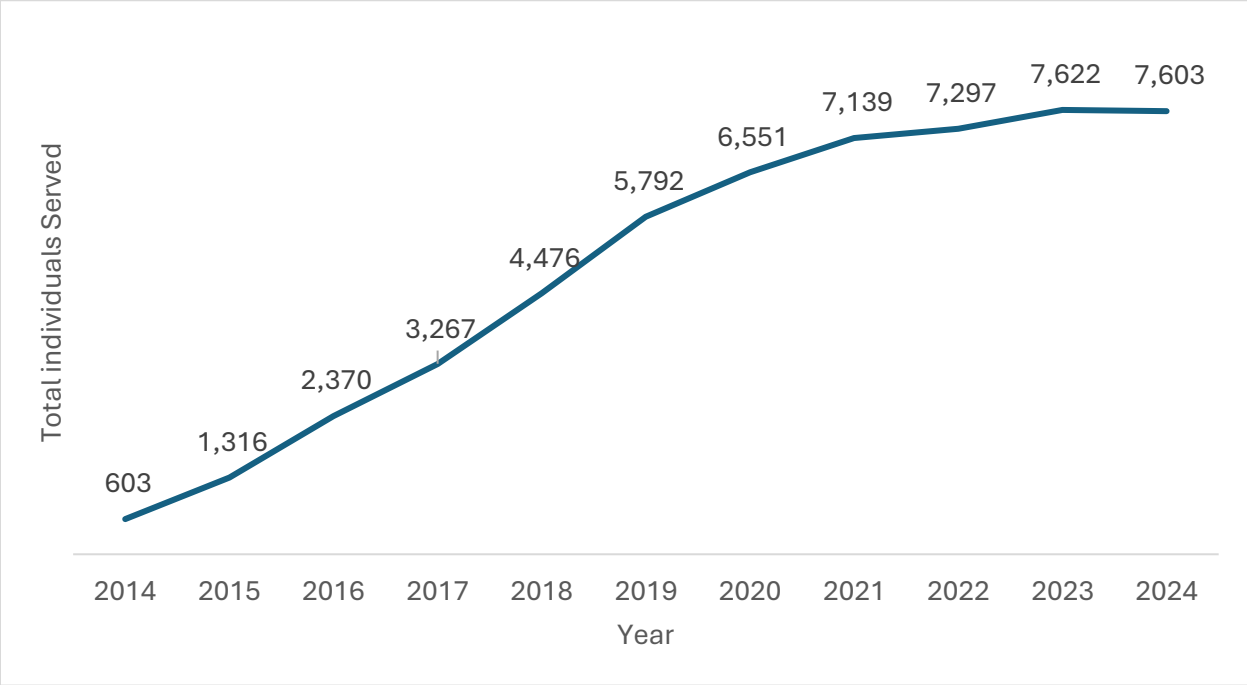
Wisconsin has seen a substantial increase in Comprehensive Community Services (CCS) utilization, with 7,603 individuals served in 2024 (Figure 5).

Figure 6 shows outpatient counseling services, which has been slowly trending down in the years since 2014, with 11,325 individuals served in 2024. This number is commensurate with an increase in the number of Tribal nations and counties providing CCS, which increased from 37 counties and zero Tribal nations in 2014 to 70 counties and three Tribal nations in 2022.

Figure 7 shows crisis service utilization, which includes crisis interventions (tabulated by hour) and crisis follow up contacts. Crisis service utilization has generally increased in utilization since 2014, with 34,692 individuals receiving services in 2024.

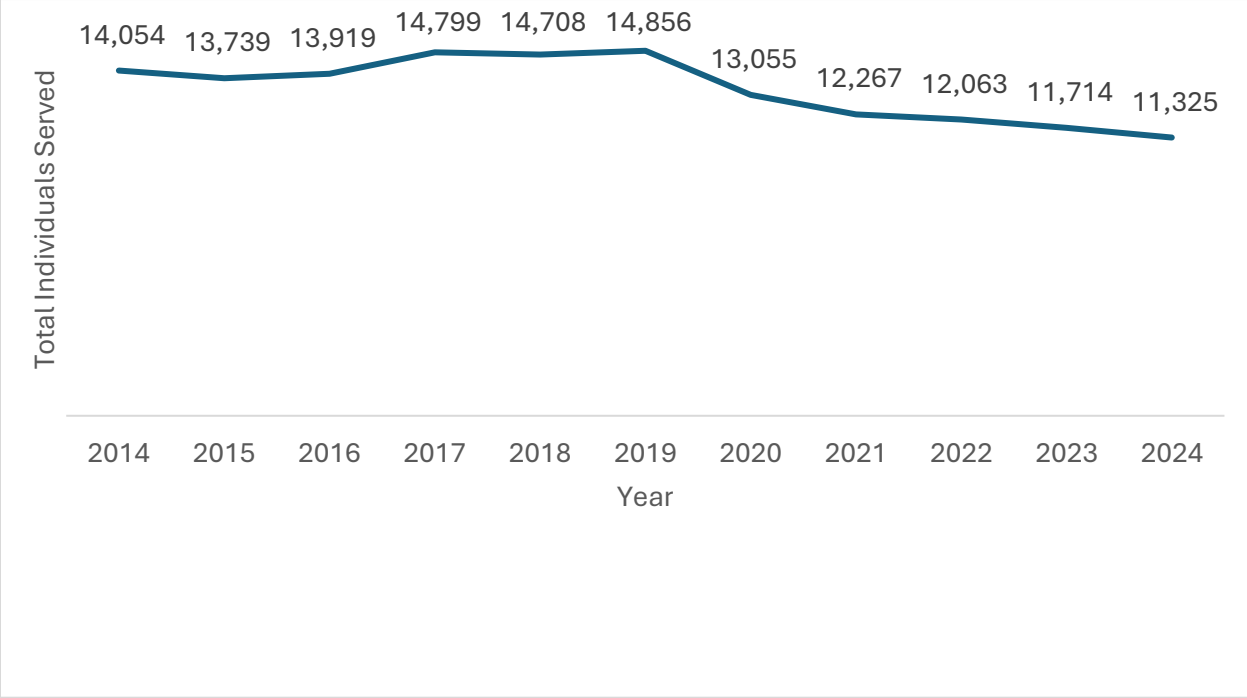
PPS data only captures county-authorized services. It is a limited view of service provision in Wisconsin.

Figure 5: Adult Comprehensive Community Services utilization, 2014-2024



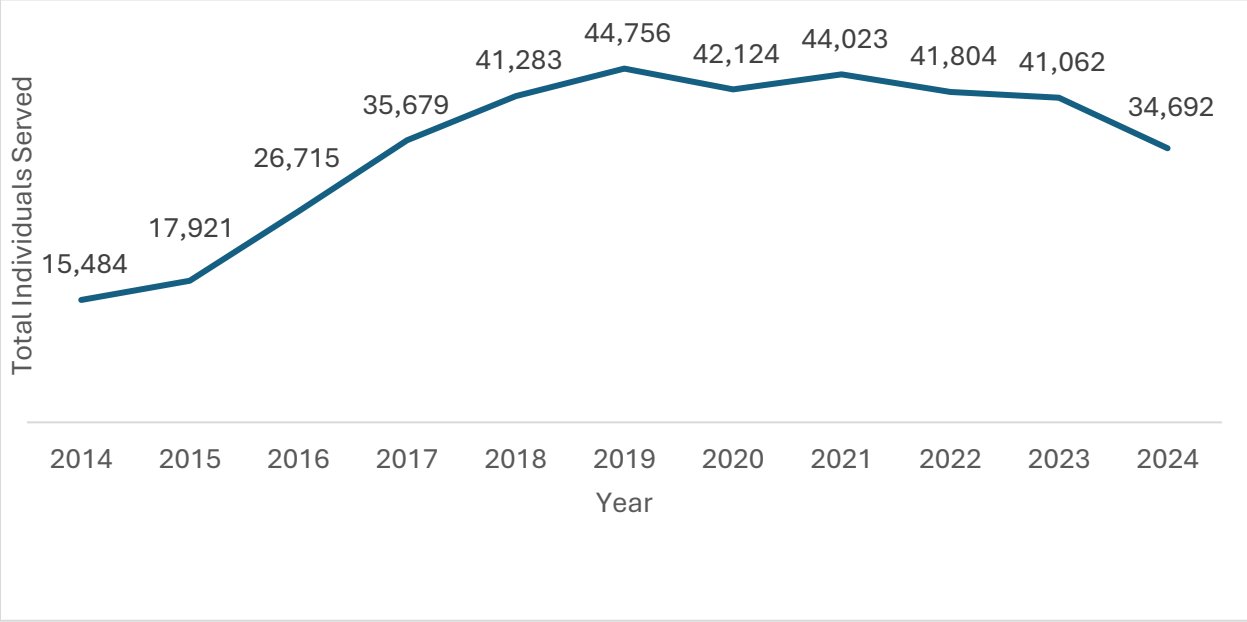
Source: PPS data, DHS

Figure 6: Adult outpatient counseling service utilization, 2014-2024



Source: PPS data, DHS

Figure 7: Adult crisis service utilization, 2014-2024

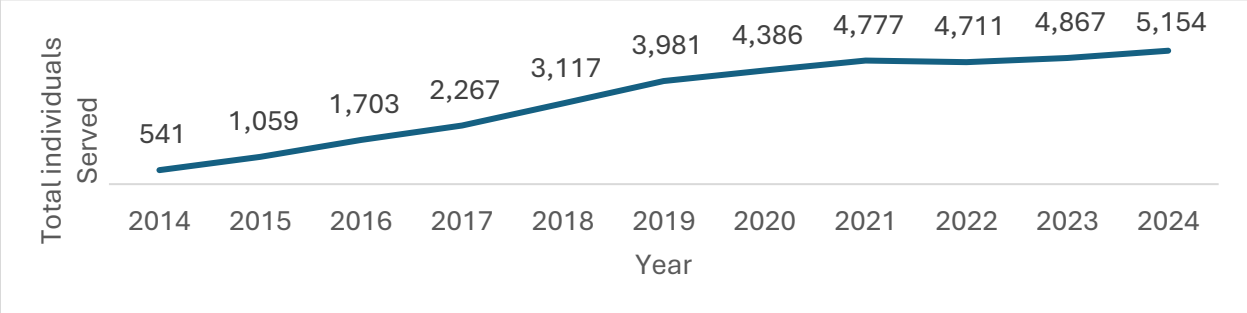


Source: PPS data, DHS

Youth services

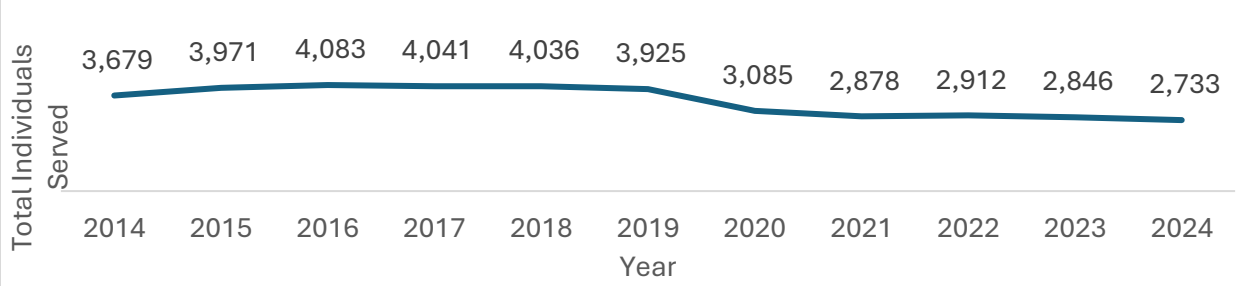
According to PPS data, there has been an increase in CCS utilization among people 17 and younger (Figure 8), and an unsteady utilization for outpatient counseling and crisis services (Figures 9 and 10).

Figure 8: Youth Comprehensive Community Services utilization, 2014-2024



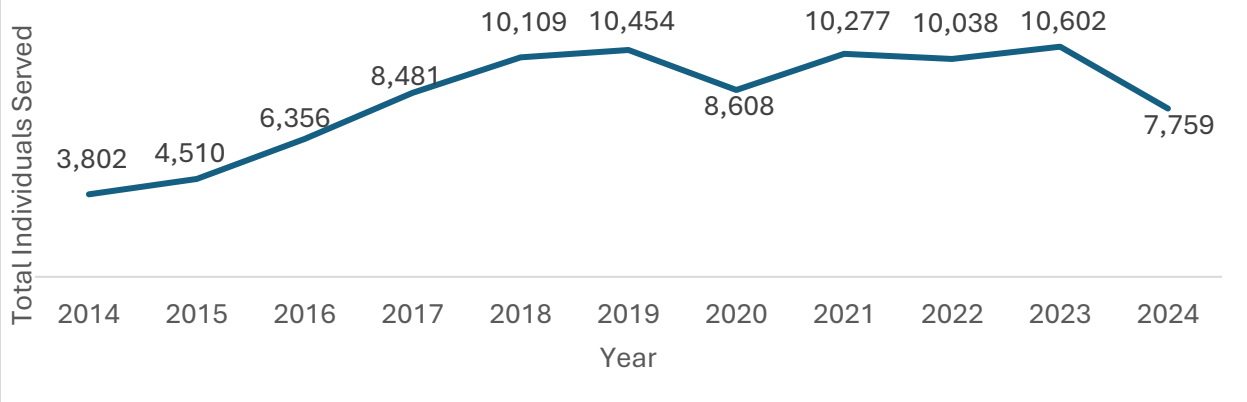
Source: PPS data, DHS

Figure 9: Youth outpatient counseling service utilization, 2014-2024



Source: PPS data, DHS

Figure 10: Youth crisis service utilization, 2014-2024



Source: PPS data, DHS

Substance use prevalence

A person is diagnosed with a substance use disorder when the screening criteria is met for a negative pattern of alcohol or other mood-altering drug use, resulting in significant health, social, psychological, or vocational impairment or distress and where intervention or treatment is advised.

Table 4: Wisconsin substance use disorder in the past year, by age, 2021-2023

Measure	2021-2022		2022-2023	
	Wisconsin	U.S.	Wisconsin	U.S.
Substance use disorder, 12-17	10.3%	9.0%	9.2%	8.6%
Substance use disorder, 18+	17.7%	17.0%	18.6%	18.1%

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

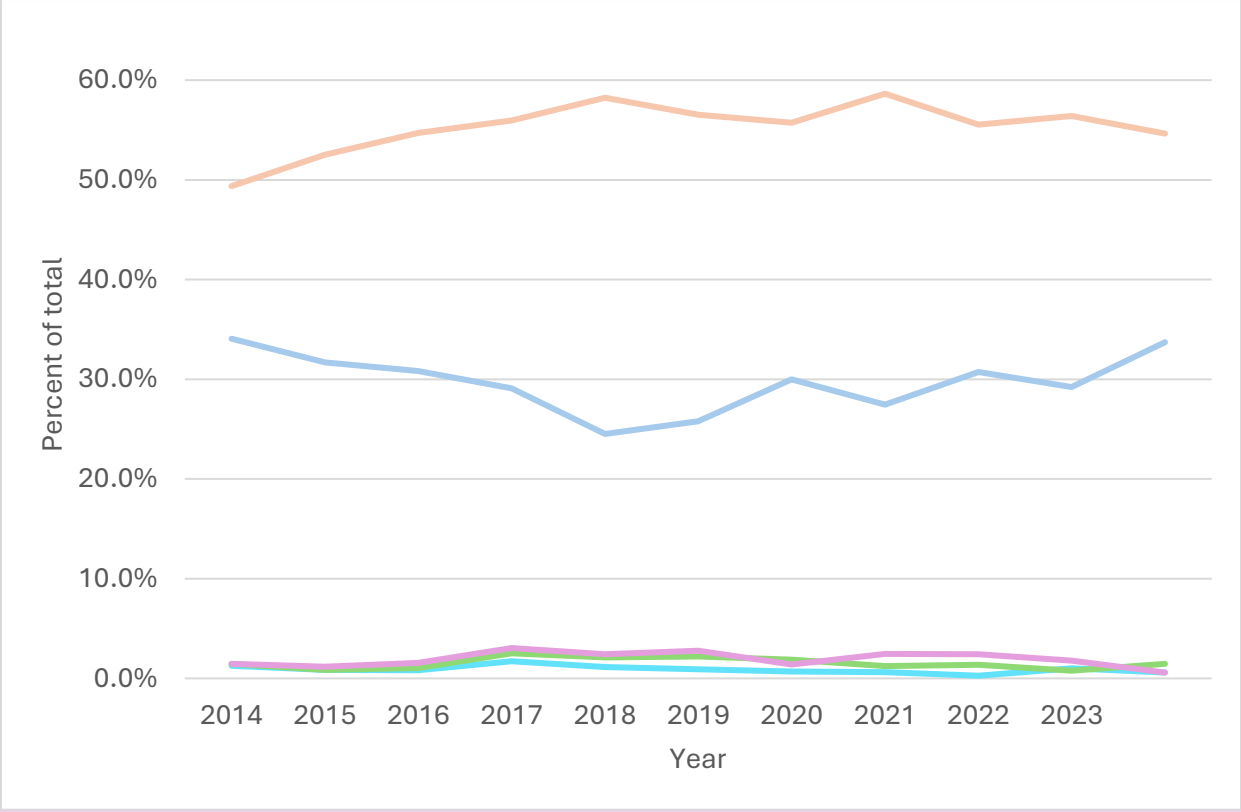
Table 5: Substance use, by substance, age 12+, 2021-2023

Measure	2021-2022		2022-2023	
	Wisconsin	U.S.	Wisconsin	U.S.
Past month alcohol use	58.3%	51.4%	59.9%	50.9%
Past year marijuana use	18.8%	20.5%	22.0%	21.9%
Past year cocaine use	1.7%	1.8%	1.6%	1.8%
Past year methamphetamine use	0.7%	1.0%	0.8%	0.9%
Past year pain reliever misuse	2.4%	3.1%	3.0%	2.7%

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Figures 11 and 12 show the distribution of substance use by age group, with significant differences between youth and adult distribution. In youth, marijuana/cannabis/THC accounted for over 50% of substance use concerns in most years, with alcohol around 30%, and minimal concerns of other substances. In adults, 40-50% of concerns were with alcohol, about 17% with marijuana/cannabis/THC, and the remainder with other opioid and stimulant substances.

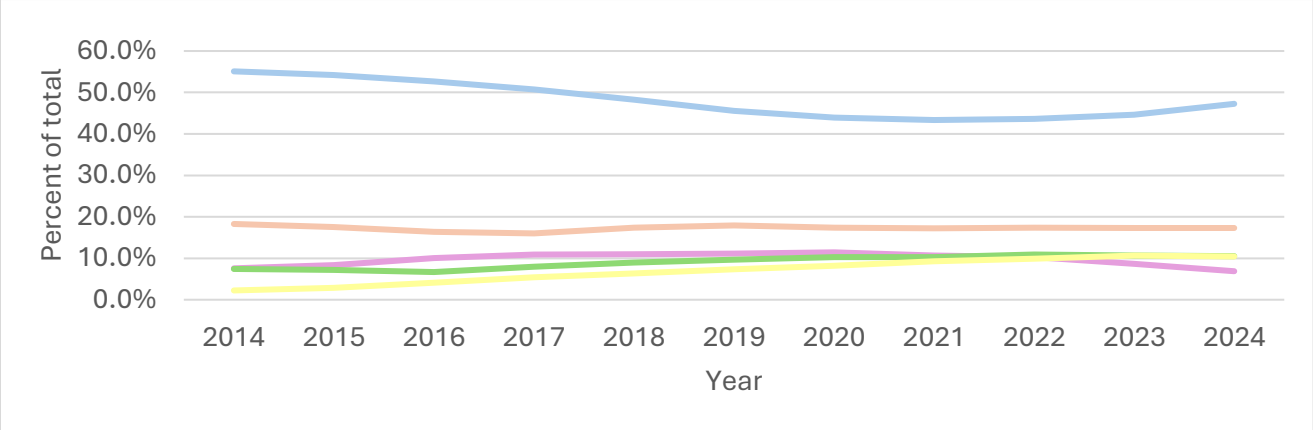
Figure 11: Distribution of top 5 substance use concerns in youth, 2014-2024



Year	Alcohol	Marijuana/Hashish/ Cannabis/THC	Heroin	Cocaine/ Crack	Methamphetamines/ Ice
2014	34.1%	49.4%	1.3%	1.5%	1.5%
2015	31.7%	52.5%	0.9%	0.9%	1.2%
2016	30.8%	54.7%	0.8%	1.0%	1.6%
2017	29.1%	56.0%	1.7%	2.5%	3.0%
2018	24.5%	58.2%	1.1%	2.1%	2.4%
2019	25.8%	56.5%	0.9%	2.2%	2.8%
2020	25.8%	55.7%	0.7%	1.9%	1.4%
2021	30.0%	58.6%	0.6%	1.2%	2.5%
2022	27.5%	55.5%	0.3%	1.3%	2.4%
2023	29.2%	56.4%	1.0%	0.8%	1.8%
2024	33.7%	54.7%	0.6%	1.5%	0.6%

Source: PPS data, DHS

Figure 12: Distribution of top 5 substance use concerns in adults, 2014-2024



Year	Alcohol	Marijuana/Hashish/ Cannabis/THC	Heroin	Cocaine/ Crack	Methamphetamines/ Ice
2014	55.1	18.3	18.3	7.4	2.2
2015	54.2	17.5	17.5	7.2	2.9
2016	52.7	16.4	16.4	6.7	4.1
2017	50.8	16.0	16.0	8.0	5.4
2018	48.2	17.4	17.4	9.0	6.3
2019	45.6	17.9	17.9	9.7	7.3
2020	43.9	17.3	17.3	10.3	8.2
2021	43.4	17.2	17.2	10.3	9.3
2022	43.6	17.4	17.4	10.9	9.9
2023	44.6	17.3	17.3	10.7	10.6
2024	47.2	17.3	17.3	10.5	10.4

Source: PPS data, DHS

Table 6: Substance use disorder or level of mental illness in the past year, among adults by age group, 2023 (United States)

Substance Use Disorder/ Level of Mental Illness	18 or older	18 to 25	26 to 49	50 or older
Substance use disorder or any mental illness	32.8	46.9	40.8	21.9
Substance use disorder but no any mental illness	10	13	11.6	7.9
AMI but no substance use disorder	14.8	19.8	18.3	10.5
Co-occurring substance use disorder and any mental illness	7.9	14.1	10.9	3.6
Substance use disorder or serious mental illness	21	32.1	26.5	13.1
Substance use disorder but no serious mental illness	15.3	21.7	18.6	10.7
Serious mental illness but no substance use disorder	3	5	4	1.6
Co-occurring substance use disorder and serious mental illness	2.6	5.4	3.9	0.8

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Opioids

Among Wisconsin's 72 counties, the number of counties with any opioid-related deaths increased from 36 counties to 68 counties between 2004 and 2023.

Table 7: Opioid use in the past year, age 12+, 2022-2023

Measure	Wisconsin	U.S.
Past year heroin use	0.27%	0.33%
Past year pain reliever misuse	2.94%	3.13%

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 8: Opioid use in the past year, age 12+, 2023 (Rates per 1,000 population)

Measure	Wisconsin	U.S.
Past year opioid use disorder	2.0	2.09
Needing substance use treatment	20.3	19.23
Did not receive substance use treatment	78.2	76.2

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 9 demonstrates disparities across race and ethnicity in opioid-related deaths in Wisconsin. In 2018-2020 and 2021-2023, American Indians had the highest rate of opioid-related deaths followed by Black individuals. Not only do these historically underserved populations have the highest rate of opioid-related deaths, their rate of death has also increased faster than other populations.

Table 9: Drug overdose deaths involving any opioid by race or ethnicity, Wisconsin, 2018-2020 and 2021-2023 combined (rates per 100,000 population)

Race or Ethnicity	2018-2020 Number	2018-2020 Rate	2021-2023 Number	2021-2023 Rate
American Indian	82	39.3	176	81.1
Black	394	33.5	873	74.4
White	2,453	16.0	3,157	20.6
Hispanic	170	13.3	353	25.2
Asian	13	2.4	28	4.9

Source: Wisconsin death certificates, DHS.

The age breakdown of overdose deaths from 2018 through 2023 shows double digit growth in number of deaths in all age categories. For youth 1-17, the rate of overdose tripled. Adults 18-44 saw a 34% increase while adults aged 45-64 saw a 59% increase. Finally, in older adults a 74% increase was observed.

Table 10: Drug overdose deaths involving any opioid by age group, Wisconsin, 2018-2020 and 2021-2023 combined (rates per 100,000 population)

Age Group	2018-2020 Number	2018-2020 Rate	2021-2023 Number	2021-2023 Rate
1-17	11	0.3	32	0.9
18-44	1827	30.3	2464	40.5
45-64	1033	22.2	1594	35.2
65+	114	3.8	218	6.6

Source: Wisconsin death certificates, DHS.

Use of public substance use services

The public system is defined as services provided by public agencies and services paid for with public funds. Public providers are county health and human services departments and the two state mental health institutes. State correctional institutions can be categorized as a component of the public system. The largest single funder of public services is Medicaid.

Table 12: Substance use service served by public finds, Wisconsin, 2023

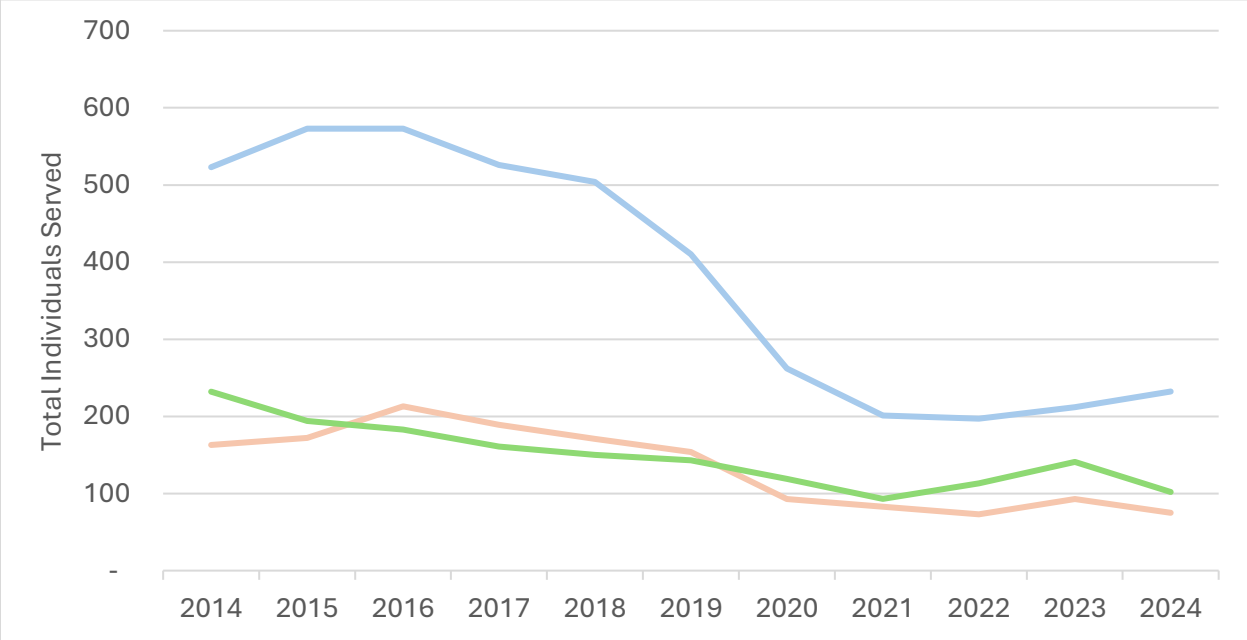
Wisconsin Programs/Agencies Providing Substance Use Services	Adults Served (18+)	Youth Served (0-17)	Total Served
Public county system	22,005	390	22,395
Medicaid fee-for-service	22,743	627	23,370
Medicaid managed care	44,878	983	45,861
Subtotal of publicly funded participants (unduplicated)	72,907	1,826	74,733
State mental health institutes	1,085	78	1,163
Corrections	3,761	53	3,814
Total service participants served (partially unduplicated)	77,753	1,957	79,710

The total number of people served is unduplicated across the county system and Medicaid-funded services. Some duplication of clients served through other providers may exist.

Sources: DHS data systems and Wisconsin Department of Corrections

Figures 15 and 16 show substance use services utilized by age group from 2014-2024. Intake assessments, individual outpatient services, and case management services were the top categories for all age groups, with a large decline during the COVID-19 pandemic years in both.

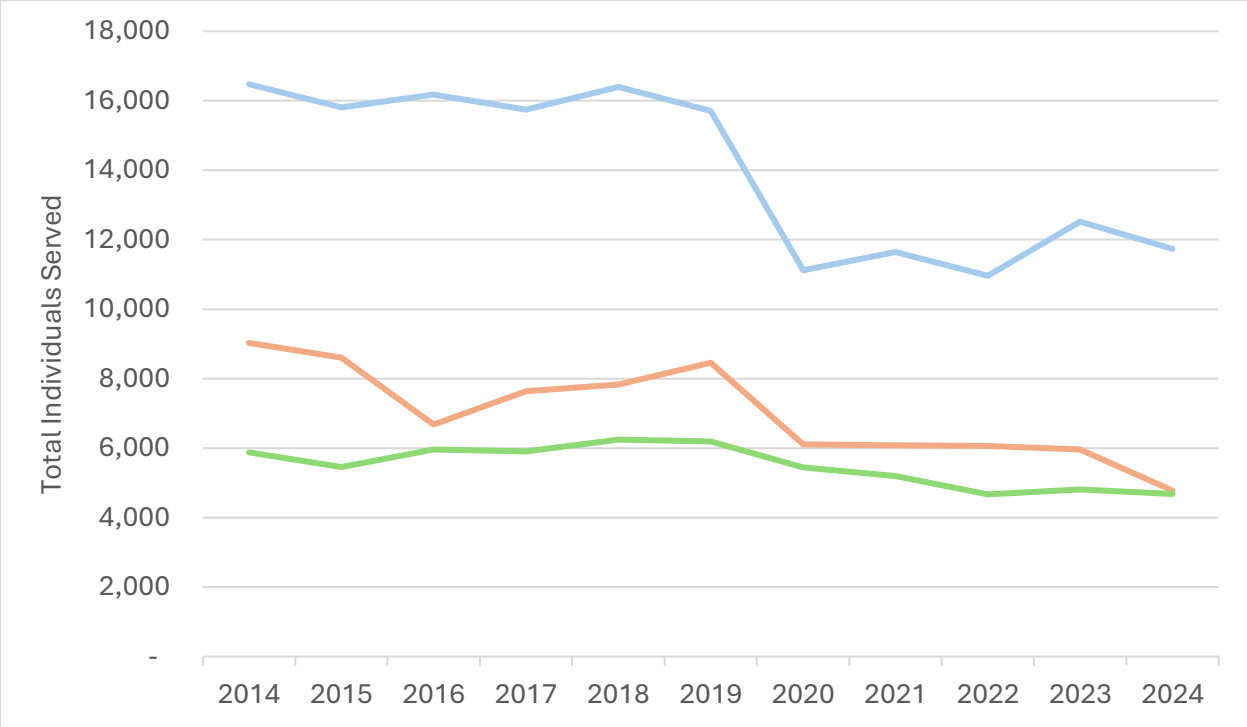
Figure 15: Top 3 substance use services provided to youth, 2014-2024



Year	Intake Assessment	Case Management	Outpatient, Individual Regular
2014	523	163	232
2015	573	172	194
2016	573	213	183
2017	526	189	161
2018	504	171	150
2019	410	154	143
2020	262	93	119
2021	201	83	93
2022	197	73	113
2023	212	93	141
2024	232	75	102

Source: PPS data, DHS

Figure 16: Top 3 substance use services provided to adults, 2014-2024



Year	Intake Assessment	Case Management	Outpatient, Individual Regular
2014	16,475	9,028	5,879
2015	15,811	8,601	5,454
2016	16,177	6,684	5,963
2017	15,748	7,635	5,906
2018	16,399	7,828	6,245
2019	15,709	8,454	6,187
2020	11,124	6,112	5,441
2021	11,648	6,083	5,139
2022	10,962	6,062	4,669
2023	12,524	5,963	4,807
2024	11,738	4,779	4,680

Source: PPS data, DHS