

HPC DATAPPOINTS

Meeting the Need, Filling the Script:

Increasing Behavioral Health Prescriptions in Massachusetts

Trends in Behavioral Health Drug Prescribing in Massachusetts

BACKGROUND

Nationally, prior to and further exacerbated by the COVID-19 pandemic, there has been an increase in the number of people living with behavioral health (BH) conditions.¹ At the same time, there have been efforts to improve access to care for people with BH conditions, which could include psychotherapy, prescription drugs, or a combination of these treatments. [Prior HPC work](#) has shown an increase in the use of psychotherapy from 2019 through 2023.

This Datapoints examines the prevalence of prescriptions used for behavioral health conditions (also known as psychiatric or psychotropic medications). Psychotropic medication is recognized as an important treatment modality for many patients managing BH conditions. Psychotropic medications play an important and evidence-based role in the treatment of behavioral health conditions and are often recommended to be prescribed in conjunction with other behavioral health services, such as psychotherapy.²

This issue explores Massachusetts' trends in psychotropic medication prescriptions, including medications for substance use disorder (SUD), among commercially-insured Massachusetts residents between the ages of 5 and 64 with full-year pharmacy coverage in the Massachusetts All-Payer Claims Database from 2019 – 2024.

This is a printable version of DataPoints. The online version features interactive graphics that show additional information, and is available on the HPC's website at masshpc.gov/publications/datapoints.

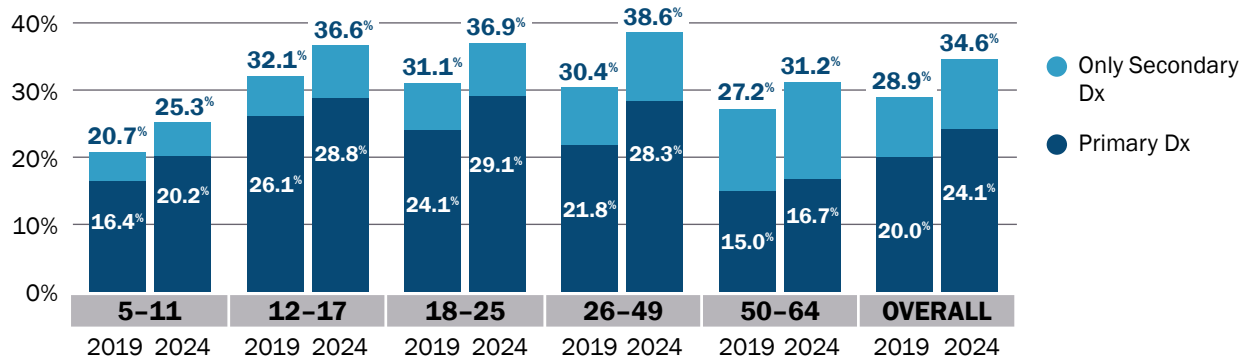
TRENDS IN BEHAVIORAL HEALTH DIAGNOSES

The percentage of members with at least one BH diagnosis during the course of a year increased from 29 percent in 2019 to 35 percent in 2024. As of 2024, almost one in four commercial members had at least one claim with a primary diagnosis for a behavioral health condition, indicating that the primary reason for the service was behavioral health-related. This change may reflect increases in clinical need, better capture of diagnoses in coding, and/or improved access to behavioral health care (such as through telehealth) (**Exhibit 1**).

Importantly, BH diagnoses in claims data may represent an underestimate of prevalence, as the analysis is limited to patients who received services with a BH diagnosis paid for by their insurer. These data may not include patients who pay for behavioral health services without insurance, and/or do not have a diagnosis recorded in their medical claims.

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Exhibit 1. Percent of commercially-insured members with primary and secondary behavioral health diagnoses, 2019 and 2024



NOTES: Dx=diagnosis. BH= behavioral health. Behavioral health diagnoses and categories based on [Agency for Health Research & Quality Clinical Classification Software Refined \(AHRO CCSR\) diagnosis categories](#) and include mental health disorders, substance use disorders, and developmental disorders. Additional graphs highlighting members with at least one mental health diagnosis or at least one substance use disorder can be found below. Members were classified as having a BH primary diagnosis if at least one claim line had a BH primary diagnosis. If a member only had secondary diagnoses, they were labelled as “Only Secondary BH Dx”. Only includes members with full year (12 months) commercial coverage including prescription drug coverage, and that are ages 5 to 64 years. Excluded MGB health plan from this analysis because of missing behavioral health claims due to a behavioral health carve out (i.e. a behavioral health manager). Neurodevelopmental disorders are included in the overall behavioral health figures, but are not shown separately.

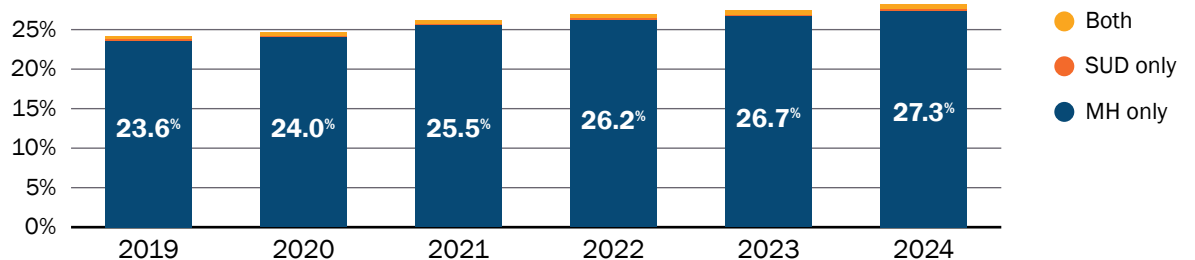
SOURCES: HPC analysis of Center for Health Information and Analysis Massachusetts All-Payer Claims Database V2024, 2020-2024; v2023, 2019.

OVERALL TRENDS IN BEHAVIORAL HEALTH PRESCRIPTIONS

In 2024, 28 percent of commercially-insured members filled at least one BH drug prescription.ⁱ This was an increase from 2019, when 24 percent of members had filled at least one BH prescription. This increase was driven by people being prescribed at least one prescription used for mental health conditions. Prescriptions for substance use diagnoses remained low (less than one percent) (**Exhibit 2**).

In 2024, 28 percent of commercially-insured members filled at least one BH drug prescription. This was an increase from 2019, when 24 percent of members had filled at least one BH prescription.

Exhibit 2. Percent of commercially-insured members with at least one BH drug prescription, 2019-2024



NOTES: Behavioral health prescription drugs were identified using [CHIA's 2025 Primary Care and Behavioral Health technical specifications](#) which classified drugs as mental health or substance use disorder related. In the graph both refers to individuals who had at least one mental health and one substance use disorder drug prescribed during the year. Only includes members with 12 months of commercial coverage, 12 months of prescription coverage, and that are ages 5 to 64 years.

SOURCES: HPC analysis of Center for Health Information and Analysis Massachusetts All-Payer Claims Database V2024, 2020-2024; v2023, 2019.

ⁱ Approximately 88% of these members also had at least one BH diagnosis. Prescription drug claims do not have a diagnosis code, so HPC did not attempt to link each prescription drug to a behavioral health diagnosis code in the member's medical claims. Additionally, some psychotropic medication may be used for non-behavioral health conditions (e.g. epilepsy, sleep disorders) or patients may have an ongoing (maintenance) prescription for a behavioral health drug with no related medical visits within a year. For a complete list of all behavioral health drugs used in this datapoints, please see [CHIA's Primary Care and Behavioral Health Supplemental Code List and Crosswalk](#) (tab 6).

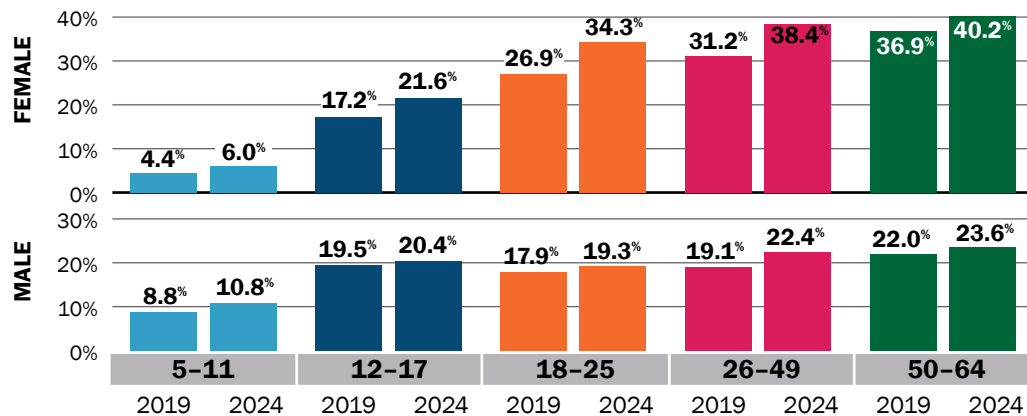
Among children ages 12 to 17, about one in five had at least one BH prescription drug—20.4% of male children and 21.6% of female children.

While there was an increase in the number of individuals with at least one claim for a BH prescription drug since 2019, there was variation by sex and age across commercially-insured residents.

Female patients already had the highest rates of BH prescription utilization in 2019 and, from 2019 to 2024, females 18 to 25 years of age and 26 to 49 years of age had the highest percentage point increases. **Over one in three females were prescribed at least one BH prescription drug in 2024.**

The increase in psychotropic prescribing for males was less pronounced. **Among children ages 12 to 17, about one in five had at least one BH prescription drug** – 20.4% of male children and 21.6% of female children.

Exhibit 3. Percent of commercially-insured members with at least one BH drug prescription by age and sex, 2019 and 2024



NOTES: Behavioral health prescription drugs were identified using CHIA's 2025 Primary Care and Behavioral Health technical specifications which classified drugs as mental health or substance use disorder related. Only includes members with 12 months of commercial coverage, 12 months of prescription coverage, and that are ages 5 to 64 years.

SOURCES: HPC analysis of Center for Health Information and Analysis Massachusetts All-Payer Claims Database V2024, 2020-2024; v2023, 2019.

TRENDS BY PRESCRIPTION CATEGORY

The HPC further evaluated the prescriptions by category. In 2024, **19.4 percent of commercially-insured members filled at least one antidepressantⁱⁱ prescription, with adult females using these drugs at twice the rate of males.**

For stimulants, **male children between 5 and 11 years of age were twice as likely to have filled a stimulantⁱⁱⁱ prescription compared to similar-aged female children.**

Of note, the number of unique members with at least one benzodiazepine prescription^{iv} remained relatively constant over the study period, unlike several other psychotropic medication classes. Benzodiazepines are a class of psychotropic medication that can cause physical dependence and have interactions with other drugs, especially opioids. Benzodiazepine and stimulant prescriptions need to be reported to the state's [Prescription Monitoring Program](#).

ii Antidepressants are a class of medication that treat several mental health conditions including depression and anxiety.
 iii Stimulants are a class of prescription drugs that increase alertness. They are often used to treat conditions such as attention deficit hyperactivity disorder and narcolepsy among others. These prescriptions are classified as Schedule II drugs under the Controlled Substance Act because they have the potential for misuse, addiction, and diversion. For more information: <https://www.fda.gov/drugs/information-drug-class/prescription-stimulant-medications>
 iv Benzodiazepines are a class of medications that slow down activity in the brain. They are often used to treat anxiety and related conditions as well as some conditions like seizures. This class of medication is highly regulated due to a potential for misuse. For more information: <https://www.fda.gov/drugs/information-drug-class/benzodiazepine-drug-information>

Male children between 5 and 11 years of age were twice as likely to have filled a stimulant prescription compared to similar-aged female children.

Exhibit 4a. Percent of commercially-insured members with at least one antidepressant prescription by age and sex, 2019-2024

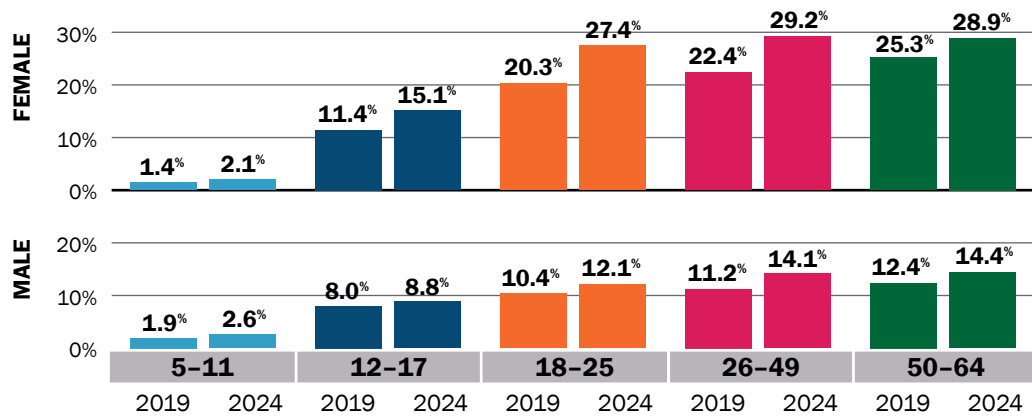


Exhibit 4b. Percent of commercially-insured members with at least one stimulant prescription by age and sex, 2019-2024

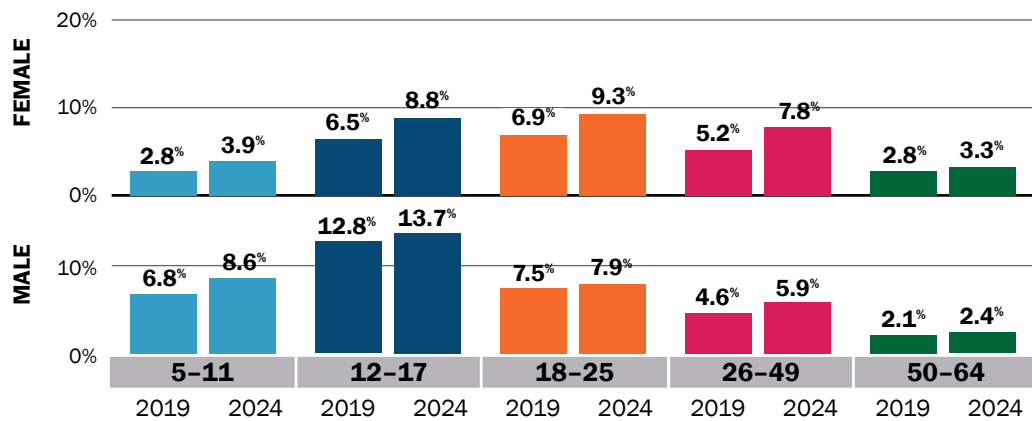
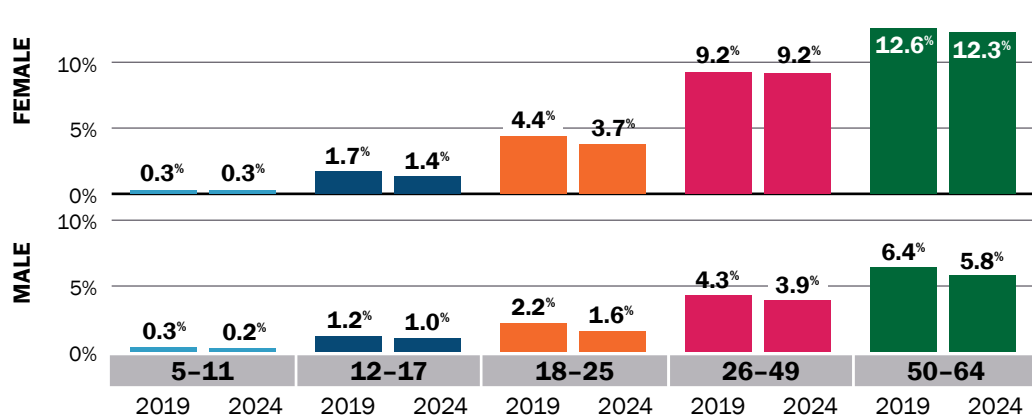


Exhibit 4c. Percent of commercially-insured members with at least one benzodiazepine prescriptions per member per year by age, 2019 and 2024



NOTES: Behavioral health prescription drugs were identified using CHIA's 2025 Primary Care and Behavioral Health technical specifications which classified drugs as mental health or substance use disorder related. Therapeutic class is based on Micro-medex® RED BOOK®. Only includes members with 12 months of commercial coverage, 12 months of prescription coverage, and that are ages 5 to 64 years.

SOURCES: HPC analysis of Center for Health Information and Analysis Massachusetts All-Payer Claims Database V2024, 2020-2024; v2023, 2019.

The Massachusetts Health Policy Commission (HPC)

is an independent state agency charged with monitoring health care cost trends and making policy recommendations to improve the affordability of health care for all residents of the Commonwealth. Through data-driven analysis, actionable policy insights, public accountability, and innovative investments, the HPC seeks to improve health care delivery, lower costs, and reduce health disparities.

HPC DataPoints is a series of online briefs that spotlight new research and data findings relevant to the HPC's mission to drive down the cost of health care. It showcases brief overviews and interactive graphics on relevant health policy topics. The analysis underlying these briefs is conducted by HPC staff. To view all HPC DataPoints, visit our [website](#).

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USE OF GENERIC DRUGS AND COST-SHARING

Unlike some other diseases, there has been relatively little innovation in psychotropic drugs within the past decade with relatively few new drugs on market.³ Because of this, **most prescriptions for behavioral health are generic** (97% of drugs paid for by commercial insurers in 2024).

While generics generally cost significantly less than branded drugs and do not have a large impact on overall spending, there was a small increase in per member per year cost sharing, or out-of-pocket patient spending, associated with increasing psychotropic prescriptions. Cost sharing increased from \$34.18 per member in 2019 to \$42.33 in 2024. This is likely in part due to increasing cost-sharing as part of plan benefit design, as noted in the [2025 Cost Trends Report](#).

CONCLUSION

Both BH diagnoses and BH prescriptions increased from 2019 to 2024. Females aged 18 to 49 saw the largest increases in use of psychotropic prescriptions over this time, although all age groups and sexes saw an increase in these drugs. While prescription drugs are often a cost driver for the Massachusetts commercial population, primarily due to branded and specialty drugs, 97 percent of the behavioral health drugs prescribed in 2024 were generic.

This increase in prescriptions for the Massachusetts commercially-insured population may indicate that access to BH care may also be increasing. Nevertheless, in the [2025 Massachusetts Health Insurance Survey](#) (MHIS), 10 percent of Massachusetts residents report they had an unmet need for BH care in the past year.⁴ The HPC will continue tracking the utilization of other BH services and access to providers through the work of the [Behavioral Health Workforce Center](#).

**Are you or someone you care about struggling with mental health or substance use?
Help is here. Massachusetts Behavioral Health Help Line:
Call or Text 833-773-2445 • www.masshelpline.com**

Endnotes

- 1 Panchel N and Lo J, [Exploring the Rise in Mental Health Care Use by Demographics and Insurance Status](#). Kaiser Family Foundation. Published August 1, 2024. Accessed April 14, 2026.
- 2 Rajkumar RP. The advantages of combining therapies in treating psychiatric patients. *Brain Sciences*. 2024 Jul 15;14(7):708.
- 3 Havlik J, Isaac S, Radovan C, Ostacher MJ, Smith D, Rhee TG. Innovation in Psychiatric Drug Development: A Quantitative Analysis of FDA-Approved Psychiatric Drugs, 2012-2024. *J Clin Psychiatry*. 2026 Jan 12;87(1):25m16063. doi: 10.4088/JCP.25m16063. PMID: 41532845.
- 4 Center for Health Information and Analysis. [2025 Massachusetts Health Insurance Survey](#). Accessed on April 14, 2025.