

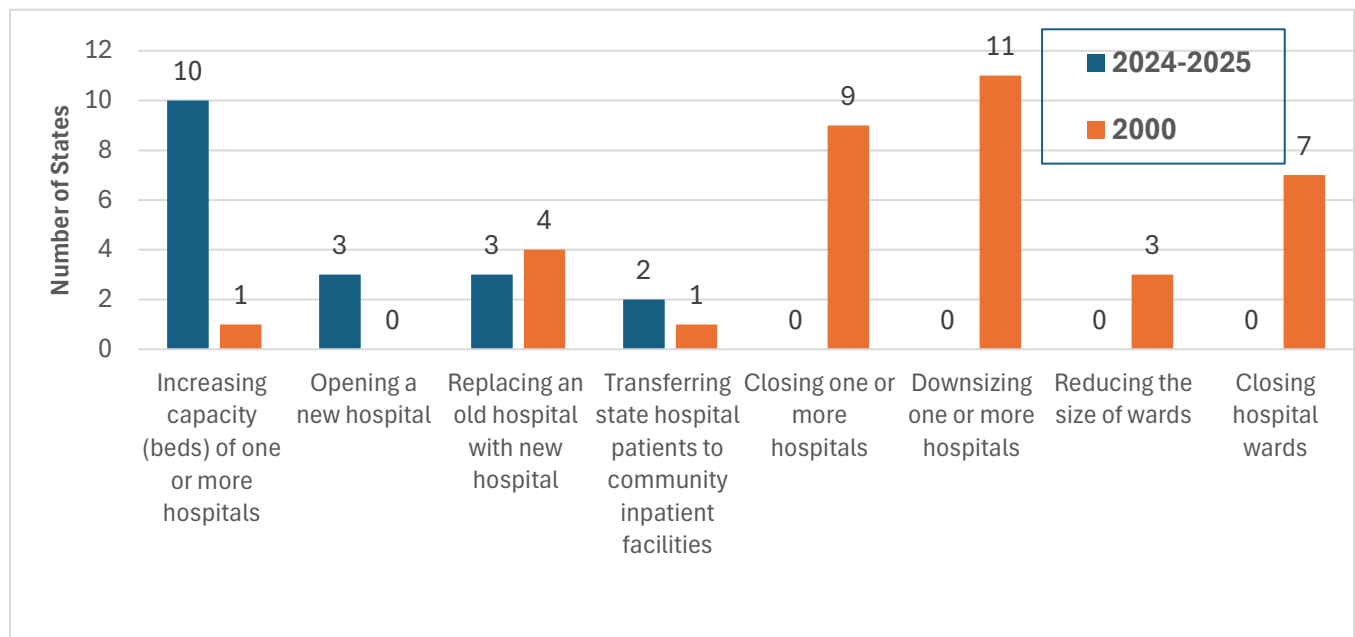
Since the 1800s, every state government has operated a psychiatric hospital with inpatient beds for individuals who require intensive treatment in an inpatient setting. Since the 1950s, when state hospital populations peaked at over 550,000 residents, states have been

For the first time in over 70 years, more states are increasing state psychiatric hospital capacity by building new hospitals and opening, or re-opening, state psychiatric hospital beds.

downsizing by closing beds or shuttering entire hospitals and shifting care of individuals with serious mental illness (SMI) to community-based services. In 2025, for the first time since the 1950s, more states are increasing their state psychiatric hospital capacity by reopening beds in existing state hospitals or even building new state psychiatric hospitals

to care for individuals needing the most intensive psychiatric care. Figure 1.

Figure 1: Number of States Re-Sizing State Psychiatric Hospitals, 2000 and 2025



36,542

Patients were in a State Hospital on First Day of Year

\$14 Billion

Expended by SMHA System for State Hospitals

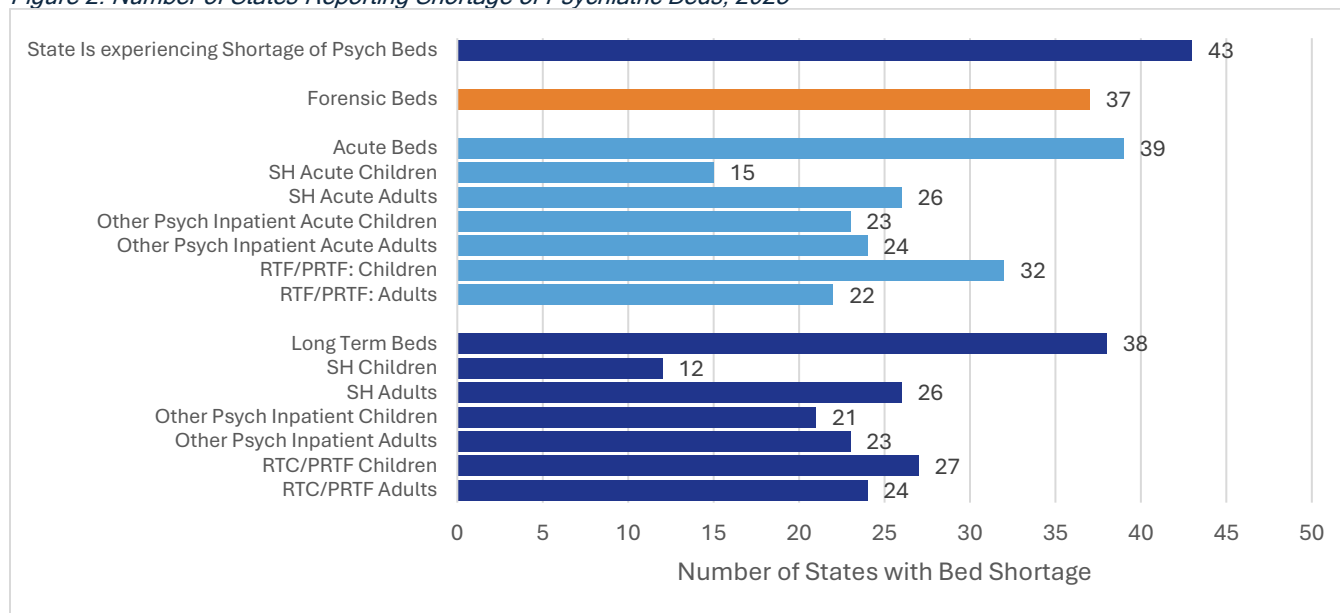
43 States

Reported a Shortage of Inpatient Psychiatric Beds

Shortages of Psychiatric Beds

Having an adequate supply of psychiatric inpatient beds remained a growing issue that states addressed in 2024. In 2002, when NRI first collected information about shortages of psychiatric beds, 50 percent of states reported a shortage; however, in 2025, that has increased to 90 percent of responding states (43 of 48 states). Psychiatric beds to treat forensic clients was the most frequently cited bed shortage (37 states). Thirty-eight states reported a shortage of psychiatric inpatient beds in non-state hospitals, with 28 states experiencing shortages of acute psychiatric beds, and 19 states reporting shortages of longer-term psychiatric beds in non-state hospital settings. Figure 2.

Figure 2: Number of States Reporting Shortage of Psychiatric Beds, 2025



Psychiatric bed shortages resulted in increased waits for state hospital beds in 31 states, increased waits for psychiatric beds in other non-state hospitals in 24 states, overcrowding in state psychiatric hospitals in eight states, extended wait times (boarding) in emergency departments (7 states), and increased waits in jails.

To address these shortages, 35 states described initiatives to develop intensive evidence-based community services to divert individuals from inpatient care or reduce readmissions after inpatient care, pay for increased inpatient capacity in other hospitals (including university hospitals and private psychiatric hospitals), and increase beds for individuals with a forensic status.

Initiatives to Address Psychiatric Bed Shortages include:

- Adding forensic, civil, or crisis beds: 12 states
- Expanding crisis stabilization units, mobile crisis teams, Assertive Community Treatment (ACT), and wraparound services: 10 states
- Forensic System Improvements including competency restoration programs in jails, forensic bed expansions, and specialized transition programs: 9 states
- Partnering with private hospitals or facilities to secure additional beds: 8 states
- Workforce and Infrastructure Investments including recruitment/retention strategies, new hospital construction: 6 states

- Legislative and Policy Changes: Prohibiting discrimination by hospitals, statutory changes for involuntary medication, and funding allocations: 5 states
- Data and Coordination Enhancements: including Bed registries, electronic health records, and dashboards: 5 states
- Housing and Discharge Support including housing subsidies, supervised housing, and discharge planning to free up beds: 4 states

To address bed shortages, 11 states reported having opened 1,341 new forensic beds over the past two years, and seven states report plans to open at least 317 more forensic beds this year. For civil-status patients, two states reported opening 158 intermediate level beds (30-90 day length-of-stay), with plans to open 85 more in 2025. Two states reported opening 36 more acute beds (less than 30 day length-of-stay) over the past two years, and one state is planning to open eight more acute beds. It is important to note that although many states are increasing capacity, three states reported closing 96 acute beds over the past two years—for a net decrease of 60 acute beds over 2-years. Two states (Kansas and New Hampshire) are building new state hospitals that will include additional forensic beds..

State Agency Responsible for the Operation of State Psychiatric Hospitals

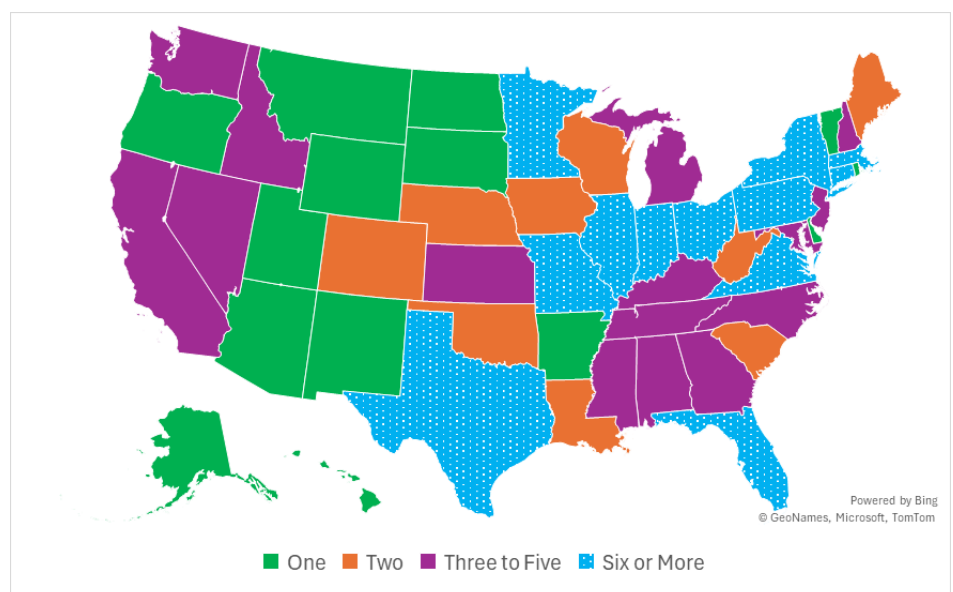
The majority (34) of SMHAs were responsible for both the oversight and management of state psychiatric hospitals and community mental health services. However, in 12 states (AZ, CA, CO, MD, ME, MI, MT, NH, NJ, NM, WA, and WV), responsibility for operation of state psychiatric hospitals was in a different state agency than the SMHA (the agency responsible for community mental health services).

Number of State Psychiatric Hospitals in Each State

In 2023 there were 192 state-operated psychiatric hospitals, with the median state operating three separate psychiatric hospitals. The number of state psychiatric hospitals in each state ranged from a high of 23 hospitals in New York, to a low of one hospital in 16 states.

Figure 2. Out of 46 responding states, 40 indicated that their state psychiatric hospitals were accredited by The Joint Commission or other independent accrediting organization; in six of those states, only some state hospitals were accredited, while three states reported that none of their state hospitals participated in outside accreditation. Seven states did not respond to this question.

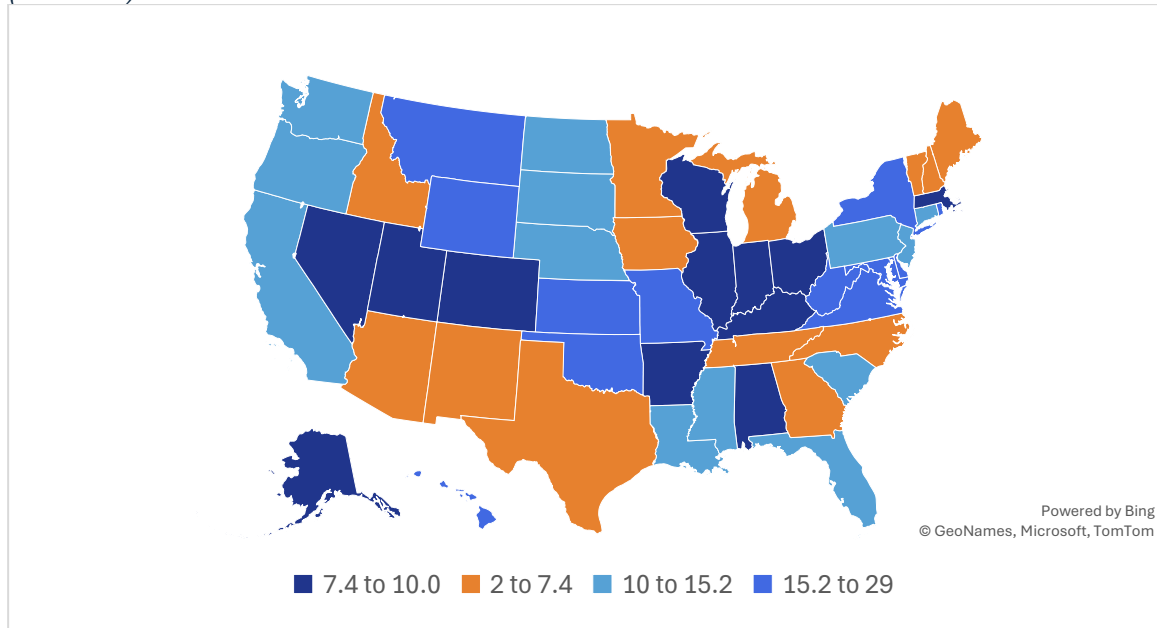
Figure 3: Number of State Psychiatric Hospitals in Each State, 2024



Patients Served in State Psychiatric Hospitals

At the beginning of each state's fiscal year (typically July 1st), 36,510 inpatients received services in a state psychiatric hospital, with a total of 84,618 patients served throughout the year. Each bed was used by an average of two patients during the fiscal year (2023 Uniform Reporting System, SAMHSA). States ranged from having 5,298 resident patients in California, to 13 patients in Vermont. States averaged 11 patients per 100,000 population, ranging from 28.8 per 100,000 in the District of Columbia to a low of 2.0 per 100,000 in Vermont. Figure 4.

Figure 4: Number of Residents per 100,000 population in State Psychiatric Hospitals, First Day of State Fiscal Year 2023, (URS 2023)



Types of Patients Served at State Psychiatric Hospitals

While every state operated at least one state psychiatric hospital, the patient groups served at these hospitals varied between states. In 2025, 33 states reported that their state psychiatric hospitals do not treat children under the age of 13, and 26 states reported they do not treat adolescents ages 13 to 17 in their state psychiatric hospitals. The states that provided state hospital inpatient services to children focused primarily on acute (<30 day care) and intermediate (30-90 day) length-of-stay services (Table 1).

Every state served adults in their state psychiatric hospitals, but not all states used their hospitals to provide acute (<30-day care), intermediate (30-90 day) and long-term (>90 days) care. In 34 states, the state psychiatric hospitals provided inpatient care covering *all three* lengths of stay: one state used their state hospitals for acute care only, and one state used their state hospital for acute *and* intermediate care. Five states only used their state hospitals to provide long-term care to adults, while five states only provided intermediate and long-term services to adults in their state psychiatric hospitals. These states used local general hospitals or private psychiatric hospitals to provide acute care, reserving their state hospital beds for individuals who needed longer inpatient services after receiving care in other settings. Table 1.

Table 1: Number of States That Serve Age Groups and Forensic Patients in State Psychiatric Hospitals, by Length-of-Stay, 2025

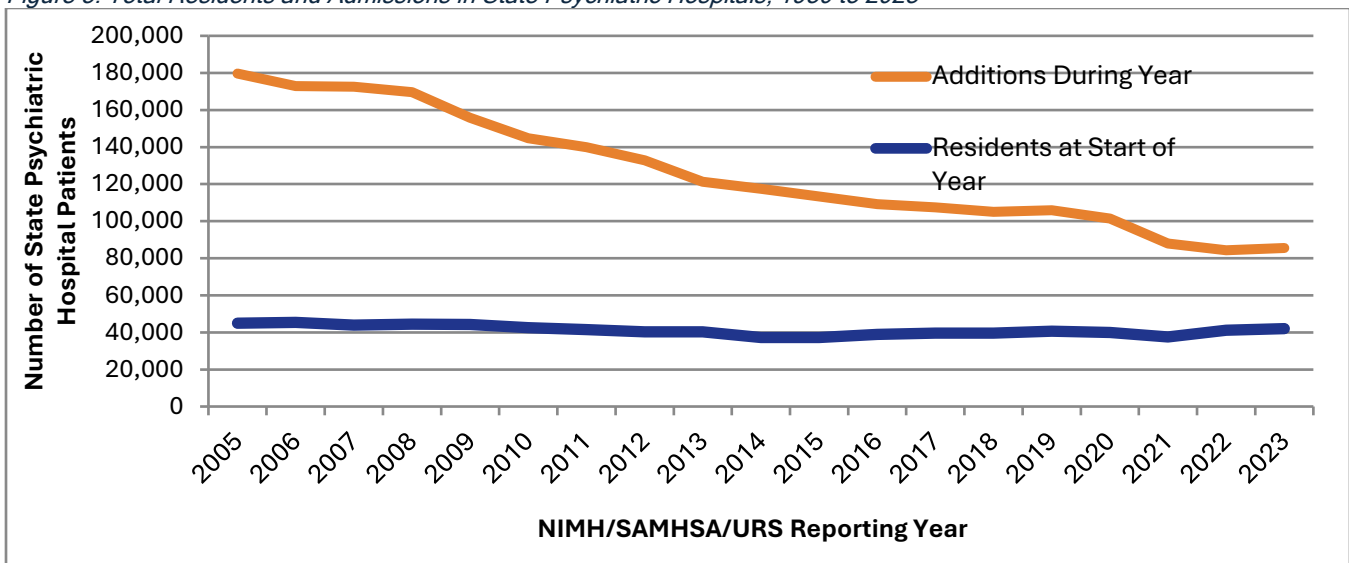
State Hospital Use for Acute, Intermediate, and Long-Term Care	Children (0-12 years)	Adolescents (13-17 years)	Adults (Civil Status) (18-64 years)	Forensics
Acute, Intermediate and Long Term	9	12	34	34
Acute & Intermediate	2	2	0	1
Intermediate & Long Term	2	3	5	6
Acute Only (<30 days)	1	2	2	1
Intermediate Only (30-90 days)	1	1	0	1
Long Term Only (>90 days)	1	2	5	3
State Hospitals Not Used for Group	32	26	2	2
No Response	2	2	2	2

Trend in Number of State Psychiatric Hospital Patients over Time

Since 1950, the number of residents in state psychiatric hospitals has dropped by over 92 percent, from 512,501 residents in 1950 to 36,479 in 2023. However, 91 percent of the decrease in residents occurred between 1950 and 2005. More recently, between 2005 to 2023, there was only a 16 percent decrease in state psychiatric hospital residents. (see Figure 5).

Data on admissions to state hospitals is only available for a more-recent period (2005 to 2023), which shows a decrease from 184,174 admissions in 2005 to 85,618 admissions in 2023 (a decrease of 54 percent). From 2022 to 2023 the number of admissions increased slightly (up 2 percent).

Figure 5: Total Residents and Admissions in State Psychiatric Hospitals, 1950 to 2023



Caution about the early state hospital patient data: A 2021 report by NRI identified that many of the individuals historically served in state psychiatric hospitals had diagnoses that would no longer be served in a state psychiatric hospital, such as Organic Brain Syndrome, intellectual

and developmental disabilities, and substance use disorders. For example, in 1970, out of 337,619 residents in state hospitals, 39 percent had diagnoses not frequently treated in state hospitals today and 29% where age 65. Table 2.

Table 2: State Hospital Resident Characteristics, 1970 and 2024

	1970	2005 ⁺	2024*
Older Adults (65+)	29.3% (99,097)	6.8%	5.5%
Organic Brain Syndrome	24% (81,621)	3.6%	0.5%
Intellectual Disability	9% (31,884)	3.8%	1.6%
Alcohol/Drug Disorder	7% (18,098)	5.1%	5.5%

* SAMHSA discontinued collecting State Hospital data by Diagnosis after 2005

* 2023 data from NRI BHPMS system with data from 30 states, representing 19,773 residents in 2024

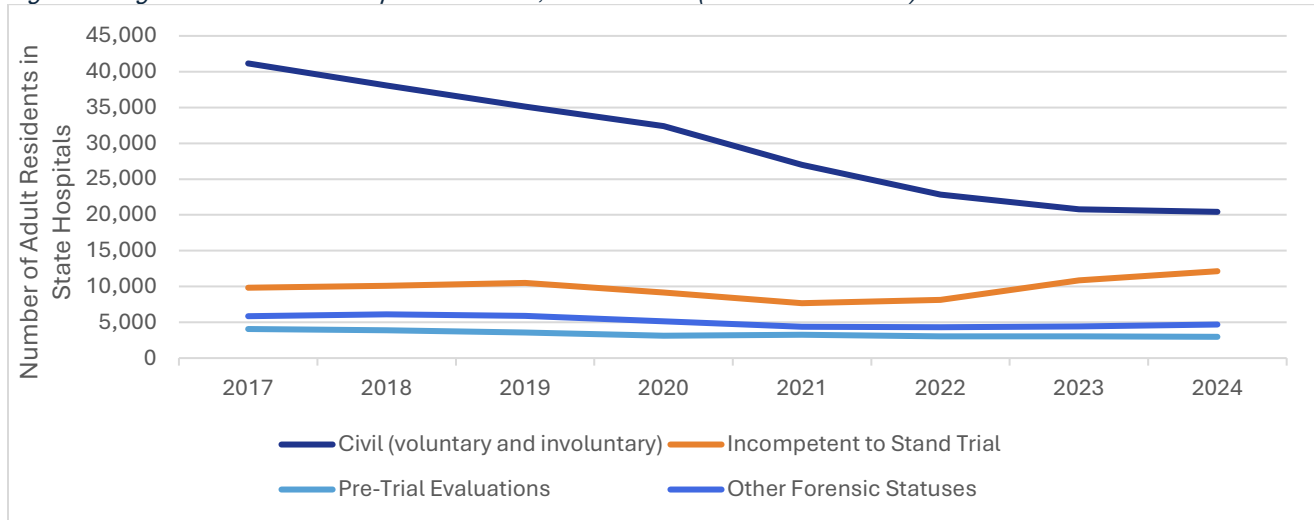
Legal Status (Forensic Status) of Patients in State Psychiatric Hospitals.

Individuals requiring Competency to Stand Trial Restoration (IST) services have been the subject of lawsuits in many states and of news headlines as they too frequently remain in jails awaiting a hospital bed. Advocacy groups, such as the Treatment Advocacy Center, have cited that forensic patients are testing the capacity of state hospitals and limiting their ability to provide care to civil status patients (either voluntary admissions or involuntarily committed due to being found dangerous to self or others).

SAMHSA's data do not identify various legal statuses of patients in state hospitals; however, that information is available from NRI's Behavioral Health Performance Measurement System (BHPMS). An analysis of data on adult (age 18 and over) state hospital patients from 30 states between 2017 and 2024 shows that, on average, the total number of residents decreased by 34 percent from 2017 to 2024, the number of IST patients increased by 23 percent while the number of civil status patients decreased by 50 percent.

During the two most recent years (2022 to 2024), the total number of state hospital patients increased by five percent, but the increase was mostly due to a continuing increase of individuals found incompetent to stand trial (IST) (up 33 percent), while there was a 12 percent decrease in civil status residents.

Figure 6: Legal Status of State Hospital Residents, 2017 to 2024 (data from 30 states)



While the data show a significant overall decrease in civil status patients in state psychiatric hospitals, and a large increase in IST patients, not all states report the same trends. Table 3 shows that from 2017 to 2024, 12 states had an increase in total residents in state psychiatric hospitals, while 18 states had a decrease in residents.

Table 3: Number of States with an Increase or Decrease in State Hospital Residents, by Legal Status, 2017 to 2024

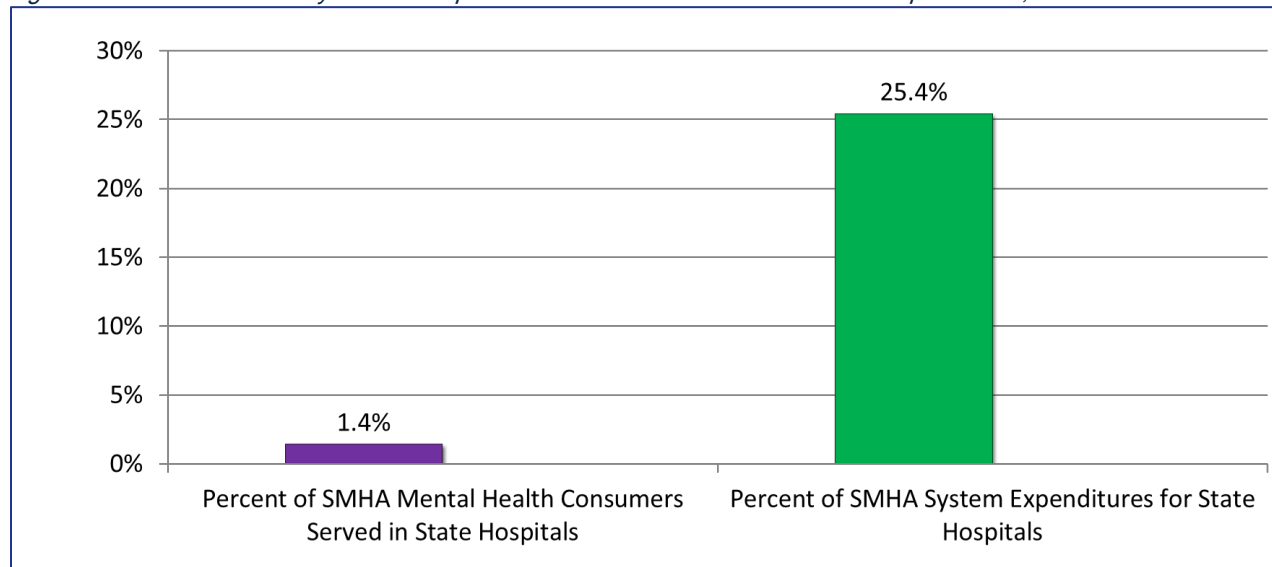
	2017 to 2024			2022 to 2024		
	Civil Status	Forensic Status	Total	Civil Status	Forensic Status	Total
Increase in Residents	7	19	12	15	22	22
Decrease in Residents	23	11	18	14	7	8
No Change	0	0	0	1	1	0

While most states report increases in forensic patients, 11 states had a decrease in forensic status patients from 2017 to 2024. NRI is currently preparing a report for NASMHPD that addresses various state initiatives to divert forensic status patients from state hospitals into community-based competency evaluation and restoration services. This report will explore the relationship between community-based alternatives and the use of state hospitals for forensic services—with a focus on IST patients.

Financing State Psychiatric Hospitals

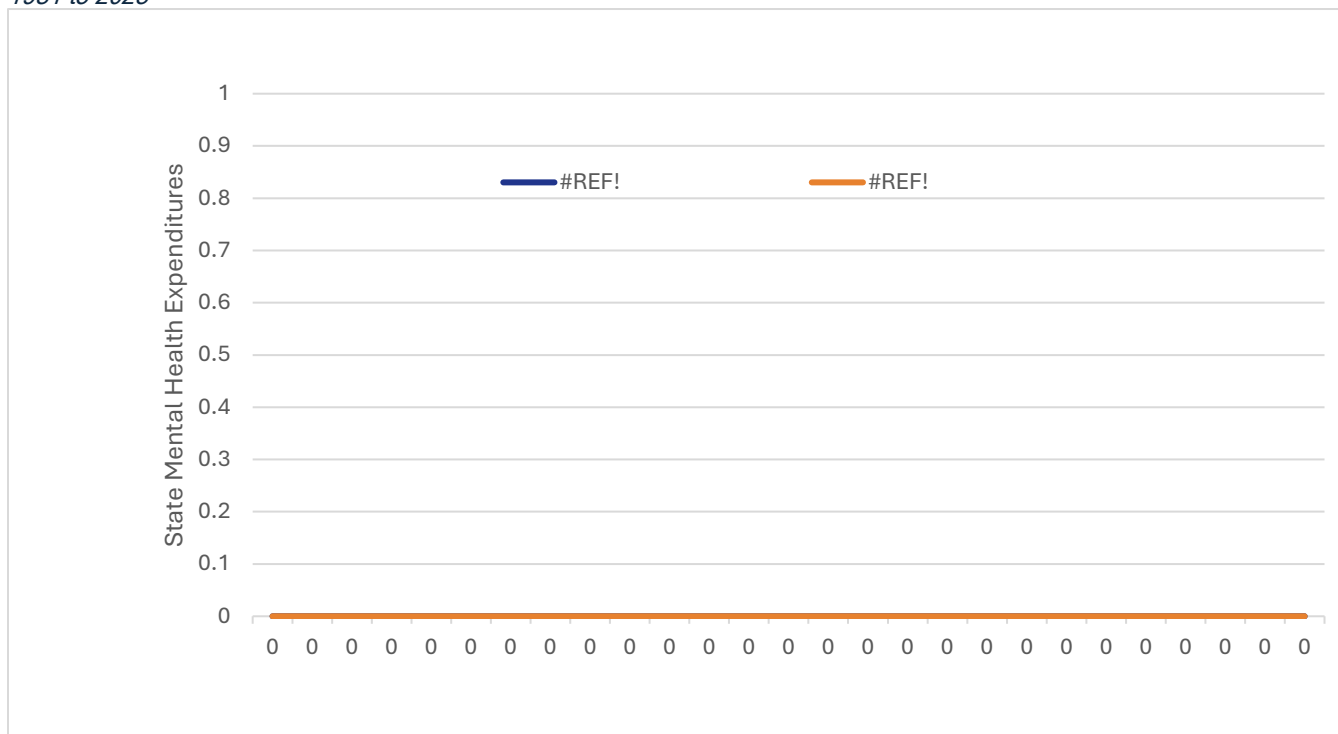
In 2023, SMHAs provided mental health services to over 8.25 million individuals supported by expenditures of over \$55 billion. State psychiatric hospitals are an expensive portion of SMHA systems, with expenditures of \$14 billion representing over 25.4 percent of SMHA spending.

Figure 7: Patients in State Psychiatric Hospitals as a Share of SMHA Patients and Expenditures, 2023



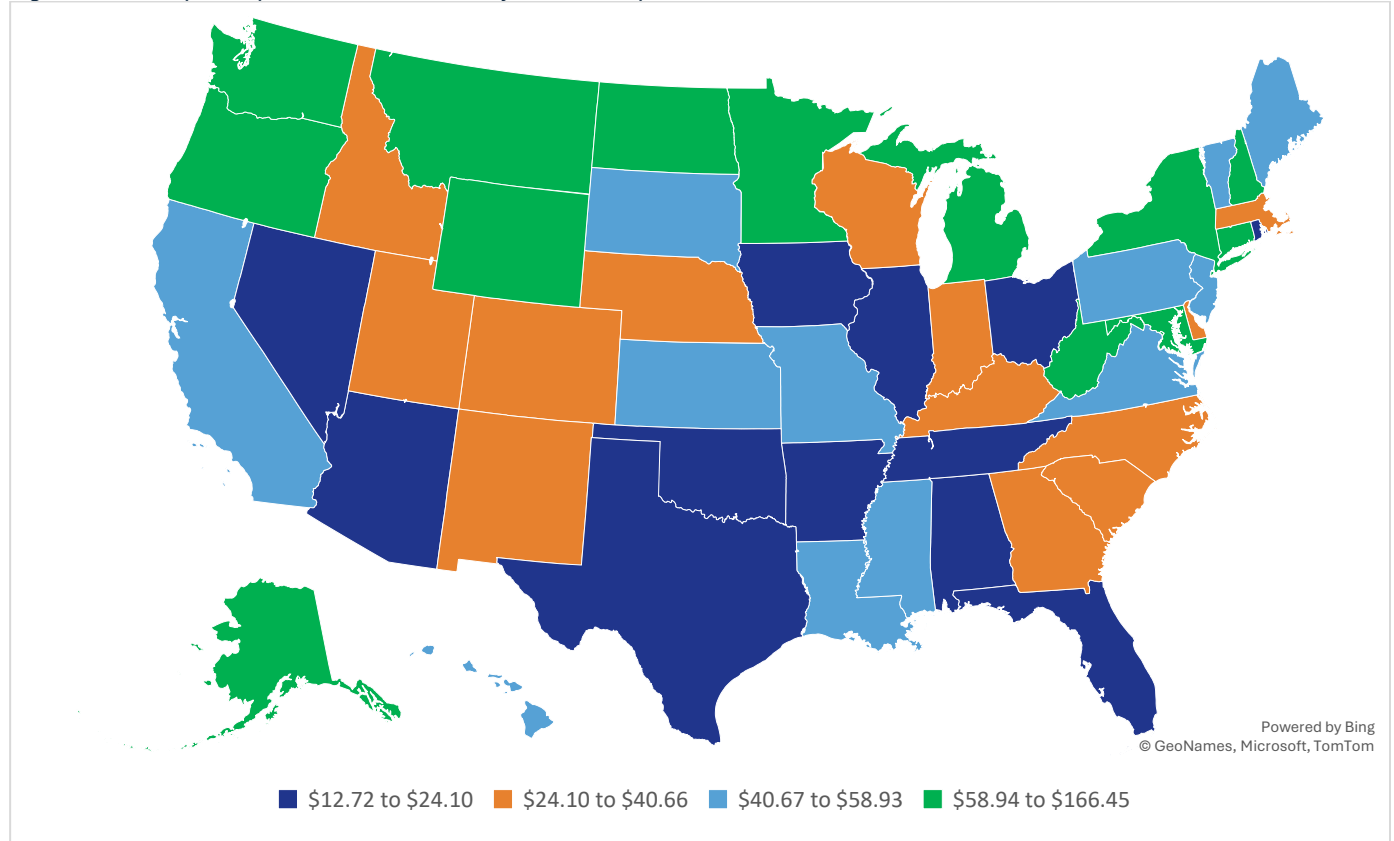
SMHA Expenditures for state psychiatric hospitals have increased by 50 percent since 2010 while SMHA supported community mental health expenditures increased even faster, up 63 percent from 2010. Since the Community Mental Health Block Grant was first implemented, expenditures for state psychiatric hospitals have increased from \$3.8 billion in 1981 to \$14 billion in 2023. During this same period, community mental health expenditures increased much faster, from \$2 billion in 1981 to \$44.6 billion in 2023.

Figure 8: State Mental Health Agency Controlled Expenditures for State Psychiatric Hospitals and Community Mental Health, 1981 to 2023



Expenditures for state psychiatric hospitals vary significantly across the states. Average per-capita expenditures were \$41.74 in 2023 (with a median of \$40.66). State psychiatric hospital per-capita expenditures varied from a low of \$12.72 in Arizona to a high of \$166.45 in the District of Columbia. Figure 9.

Figure 9: Per Capita Expenditures for State Psychiatric Hospitals, 2023



This report was prepared by the NASMHPD Research Institute (NRI) based on information submitted and reviewed by SMHAs during FY 2025. Copies of this Profiles report and other Profiles reports are available at: www.nri-inc.org/profiles. SMHA staff have access to additional detailed state-by-state Profiles data on the Profiles website.

Please contact the NRI at Profiles@NRI-inc.org with any questions or comments about State Mental Health Profiles reports.