Riverside University HEALTH SYSTEM
Public Health

HEALTH MATTERS BRIEF

Behavioral Health-Related Emergency Department Visits and Hospitalizations in Riverside County, CA (2019-2022)

Epidemiology & Program Evaluation • May 2025

INTRODUCTION

This report examines behavioral health-related conditions, emergency department (ED) visits, and hospitalizations among Riverside County residents from 2019 to 2022. Behavioral health disorders are defined as clinically significant disturbances in cognition, emotional regulation, or behavior, often resulting in distress or impaired functioning at work, home, or in social settings (WHO, 2022). In 2020, one in five adults in the United States (52.9 million) were living with a mental health disorder (Peters et al., 2023). Globally in 2019, one in eight people (970 million) were affected (WHO, 2022). The COVID-19 pandemic triggered a sharp rise in mental health conditions, with global rates of anxiety and depression increasing by 26% and 28% respectively in 2020 alone (WHO, 2022). Locally, a 2021 community health assessment found that mental health had an impact on daily life for many Riverside County residents, where 33% reported "somewhat of an impact", while 23.2% reported a "great extent of impact" (RUHS-PH, 2021).

From 2019 to 2022, Riverside County experienced notable shifts in behavioral health trends. According to the California Health Interview Survey, an estimated 14.6% of county residents experienced serious psychological distress in the past year, and 47.1% sought help but did not receive treatment for mental, emotional, or substance-related issues (CHIS, 2025). These findings emphasize the importance of monitoring behavioral health patterns to inform prevention strategies, expand access to care, and guide equitable, data-driven approaches. By analyzing trends alongside demographic data, Riverside County Public Health can better identify disparities, target resources, and implement culturally relevant interventions for behavioral health services.

RIVERSIDE COUNTY KEY FINDINGS

Anxiety & depressive disorders were the leading behavioral health conditions for both ED visits (**46%**) and hospitalizations (**40%**)

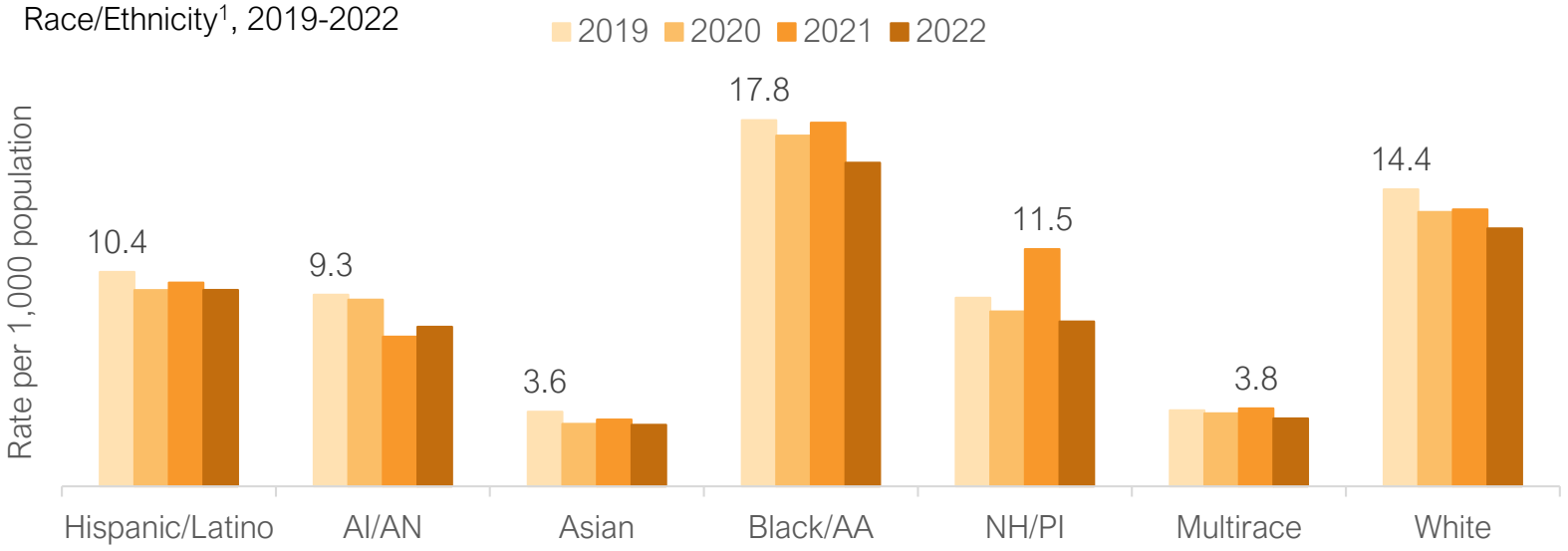
Alcohol-related disorders were slowly increasing in both ED visits and hospitalizations from 2019 to 2022, with **males over doubling** their female counterparts

Black/African Americans consistently see the highest age-adjusted rates of behavioral health related ED Visits (**17.0** per 1,000 population) and Hospitalizations (**9.2** per 1,000 population)

Female teens had the highest age-adjusted rates of behavioral health-related ED visits across all age groups at **20.6** per 1,000 population

EMERGENCY DEPARTMENT VISITS

Figure 1. Age-Adjusted Rates of Behavioral Health Related Emergency Department (ED) Visits by Race/Ethnicity[1], 2019-2022



From 2019 to 2022, Black/African American residents in Riverside County had the highest age-adjusted rates of behavioral health-related emergency department visits across all race/ethnicity groups (Figure 1). Between 2020 and 2022, White and Hispanic/Latino patients together accounted for 83% of the visits in the county. This higher proportion likely reflects Riverside County's demographic profile, which includes a larger share of White and Hispanic/Latino residents. From 2019 to 2022, female teens consistently had the highest age-adjusted rates of behavioral health-related ED visits, both across all age groups[2] (children ages 5-14, teens 15-19, and adults 20+) and in comparison to their male counterparts (Figure 2). While Riverside County experienced a peak in both the number and rate of behavioral health-related ED visits in 2019, subsequent years have shown fluctuating counts and an overall decline in the visit rate, with a notable decrease in 2022 (Figure 3).

Figure 2. Age-Adjusted Rates of Behavioral Health ED Visits by Age Group[2] and Sex[3], 2019-2022

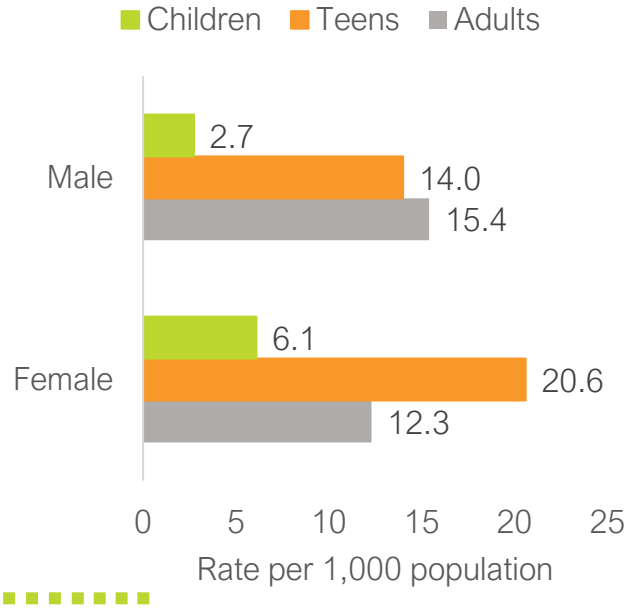
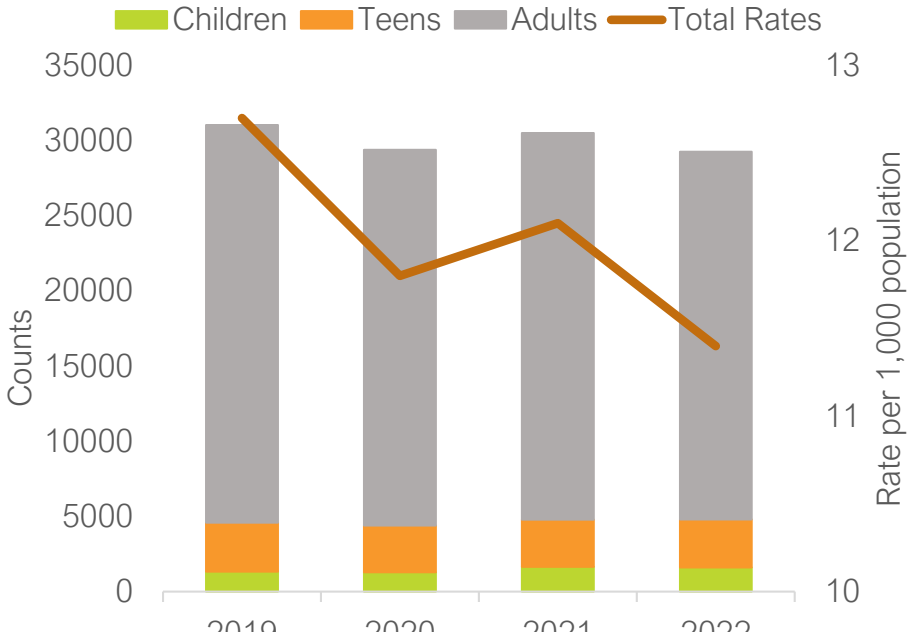


Figure 3. Behavioral Health ED Visit Gender Counts and Total Population Rates, 2019-2022



HOSPITALIZATIONS

Between 2019 and 2022 in Riverside County, teens- particularly females- had the highest age-adjusted rate of behavioral health-related hospitalizations. Among males, adults aged 20+ saw the highest rates of hospitalizations (Figure 4).

In 2021, hospitalization rates increased across nearly all racial/ethnicity groups, including Hispanic/Latino, Asian, Black/AA, and Multirace patients. Both Black/African American and White populations have continued to experience the highest rates of behavioral health-related hospitalizations from 2019 to 2022 (Figure 5).

Figure 4. Age-Adjusted Rates of Behavioral Health Related Hospitalizations by Age Group[2] and Sex[3], 2019-2022

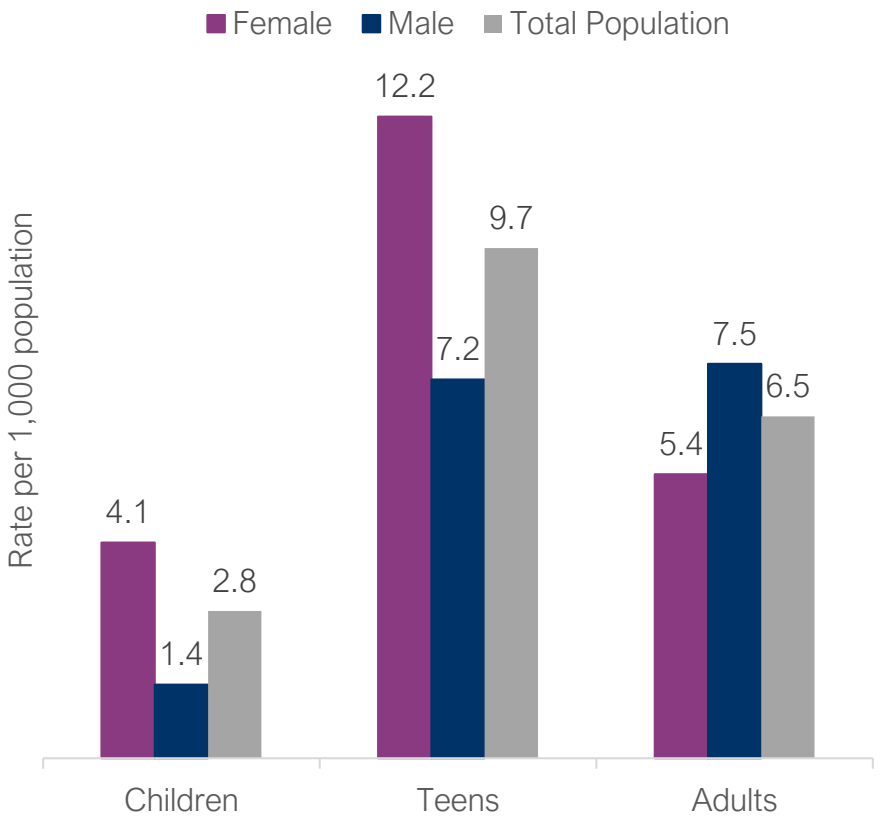


Figure 5. Age-Adjusted Rates of Behavioral Health Related Hospitalizations by Race/Ethnicity[1], 2019-2022

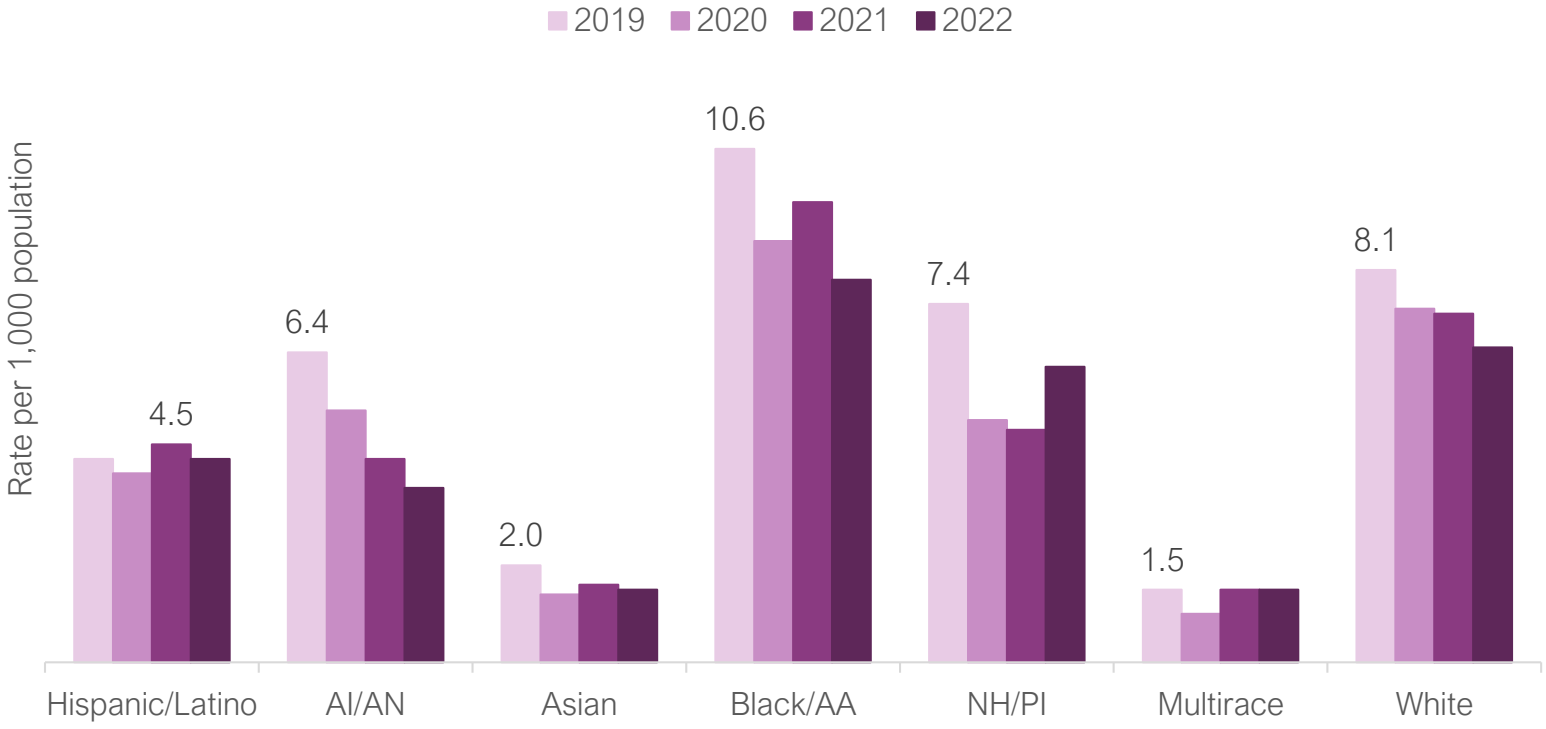
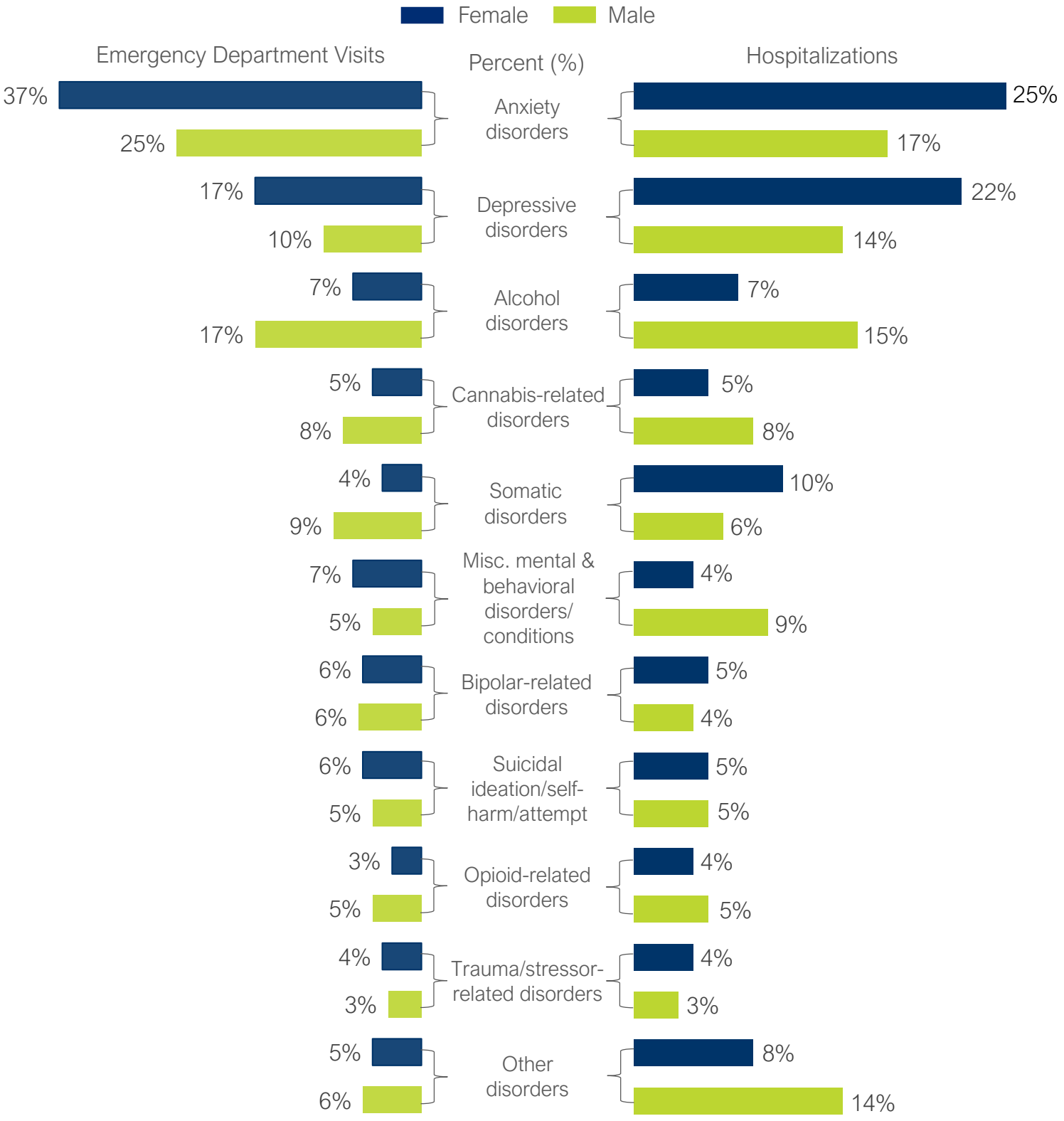


Figure 6. Percent Distribution of Behavioral Health Conditions by Sex and Encounter Setting Type, 2019-2022[4, 5]



From 2019 to 2022, notable sex differences emerged in behavioral health conditions, particularly for anxiety and depressive disorders, where behavioral health-related visits were more prevalent in females across both setting types. In contrast, males had a higher percentage of both ED visits and hospitalizations for alcohol-related disorders compared to females (Figure 6).

Table 1. Top Three Behavioral Health Conditions by Emergency Department Visit and Hospitalization Rates per 1,000 Population and Counts, 2019–2022

Behavioral Health Condition	ED Visit Rate	ED Visit Count	Hospitalization Rate	Hospitalization Count
Anxiety and fear-related disorders	15.0	150,957	9.2	92,388
Depressive disorders	6.6	66,351	7.8	78,075
Alcohol-related disorders	5.5	55,748	4.7	46,915

Figure 7. Percent of Emergency Department Visits of the Top Three Behavioral Health Conditions by Year, 2019–2022

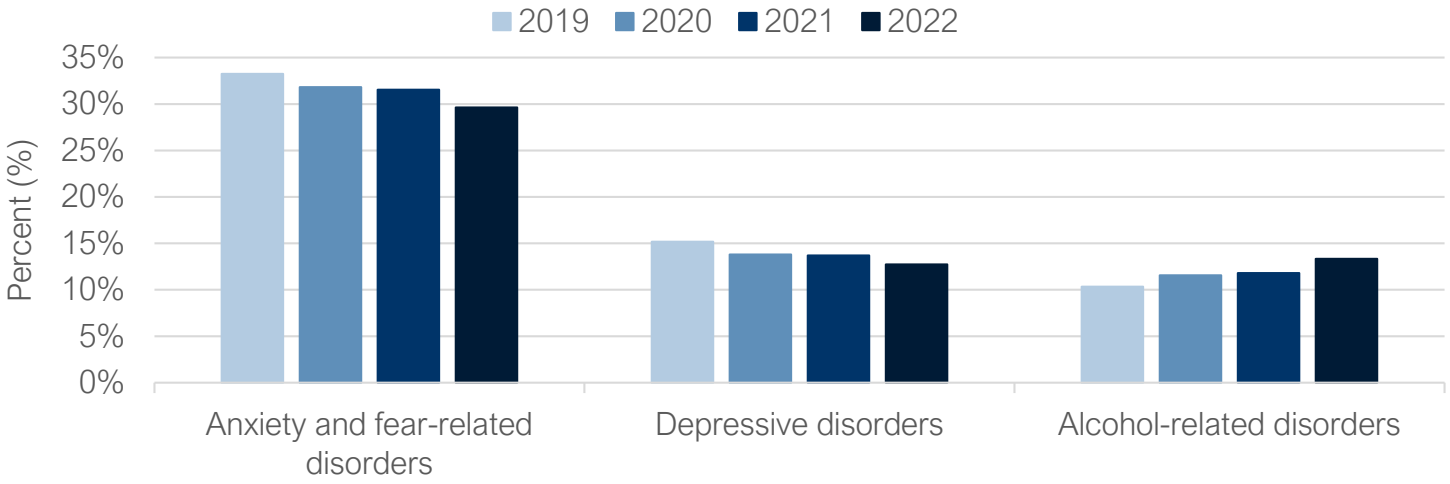
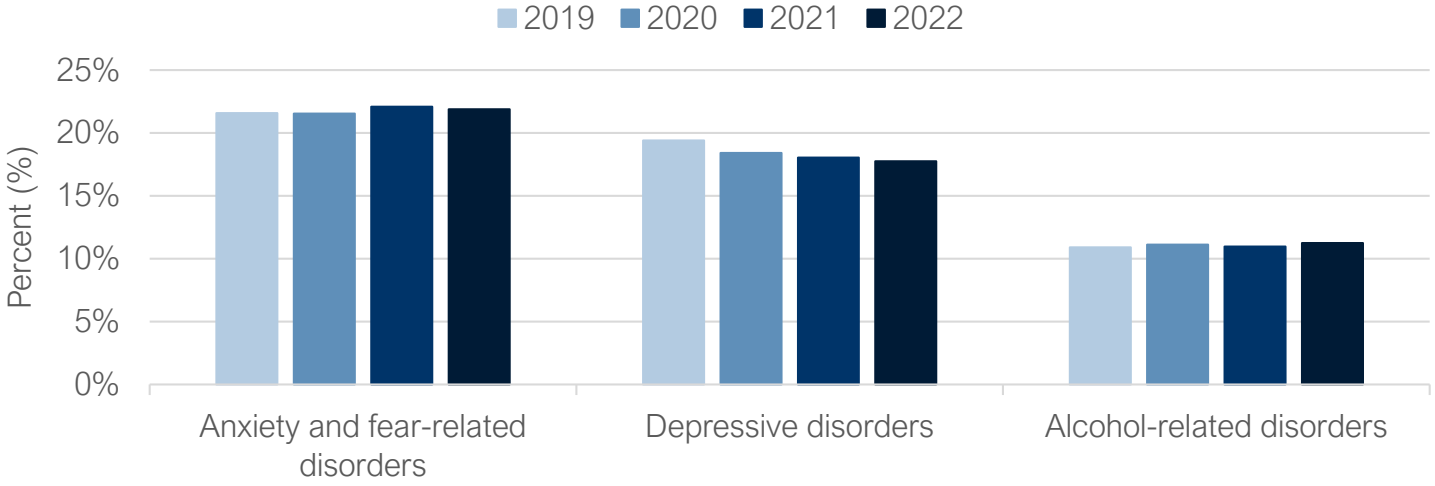


Figure 8. Percent of Hospitalizations of the Top Three Behavioral Health Conditions by Year, 2019–2022



From 2019 to 2022, the most common behavioral health conditions in both emergency department visits and hospitalizations were anxiety and fear-related disorders, depressive disorders, and alcohol-related disorders (Table 1). Over this period, alcohol-related disorders displayed an upward trend in ED visits and hospitalizations, while anxiety and fear related disorders were slowly increasing in hospitalizations (Figure 7, 8).

DATA LIMITATIONS

While this report provides valuable insight into behavioral health-related conditions in Riverside County through the analysis of ED visits and hospitalizations (HCAI, n.d.-a), it is important to acknowledge some limitations.

The data presented only capture cases where individuals received care in hospital inpatient care or ED visit settings and had a documented behavioral health diagnosis. As a result, the findings likely underrepresent the true burden of behavioral health conditions in the county. Many individuals experiencing behavioral health challenges may not seek care through hospitals or emergency departments, and some may remain undiagnosed or misdiagnosed, leading to gaps in the data.

Furthermore, although we initially aimed to analyze data from 2018 to 2022, the final analysis includes only data from 2019 to 2022. This decision was made due to inconsistencies in the way race/ethnicity groups were coded in 2018, particularly for American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islander (NH/PI) groups, which made it difficult to accurately categorize and report figures for these populations. As such, the figures presented should be viewed as a partial snapshot of behavioral health landscape in the county.

CONCLUSION

From 2019 to 2022, Riverside County experienced notable trends in behavioral health-related emergency department (ED) visits and hospitalizations. Anxiety, depressive disorders, and alcohol related disorders accounted for nearly 60% of ED visits and over half of hospitalizations. The report reveals significant variations in outcomes by sex, age, and race/ethnicity, emphasizing the need targeted, broader access, and proactive primary care approaches to address behavioral health disparities.

When examining age group and sex, females, particularly teens, had the highest rates of ED visits and hospitalizations, primarily for anxiety and depressive disorders. In contrast, adult males had higher overall behavioral health visit rates in both settings, while males generally displayed a higher proportion of alcohol-related disorders in both settings. These patterns highlight the need for early intervention, youth-focused support, and more resources for female teens. Additionally, more studies are needed to capture the experiences of nonbinary and gender-diverse individuals, whose needs are often underrepresented in data.

Racial and ethnic disparities were also evident in the report, with Black/African American (Black/AA) and White residents consistently experiencing the highest rates of ED visits and hospitalizations. These disparities are particularly concerning given the smaller overall population size of Black/AA residents, while the high rates among White residents remain significant given their larger share of the county's population, highlighting the need for targeted, culturally appropriate interventions.

The COVID-19 pandemic likely contributed to some observed trends, including gradual peaks in alcohol-related disorders in both ED visits and hospitalizations and anxiety and fear related increases in hospitalizations. These trends likely reflect the lasting behavioral health impacts of the pandemic, which may have intensified anxiety, fear, and substance use in the years that followed.

Overall, this brief underscores the ongoing need for comprehensive, data-driven approaches that address the diverse behavioral health needs of Riverside County's population, while promoting culturally relevant and early interventions to improve long-term health outcomes.

NOTES

1. American Indian/Alaska Native is reflected as AI/AN. Black/African American is reflected as Black/AA. Native Hawaiian/Pacific Islander is reflected as NH/PI.
2. Children age group consists of children ages 5-14 years old. Teen age group consists of teens ages 15-19 years old. Adult age group consists of adults ages 20 years and older. *See methodology bullet 4 for age group separation method.*
3. Current data collection may not fully capture the diversity of gender identities, including transgender men and women, where studies suggest are at higher risk for substance use and overdose.
4. "Other disorders" consists of other specified substance-related disorders, schizophrenia and other psychotic disorders, sedative-related disorders, disruptive, impulse-control and conduct disorders, other specified and unspecified mood disorders, obsessive-compulsive and related disorders, personality disorders, feeding and eating disorders, hallucinogen-related disorders, and inhalant-related disorders.
5. Percents may not add up to 100% due to rounding error.

METHODOLOGY

- All definitions for behavioral health categories were adopted from the Massachusetts Center for Health Information and Analysis.
- **Figures 1, 2, 3, 4, and 5's** visualizations include behavioral health diagnoses as **primary diagnoses** as adopted from Massachusetts Center for Health Information and Analysis.
- **Figures 6, 7, and 8 and Table 1's** visualizations include behavioral health diagnoses as **primary or secondary diagnosis** as adopted from HCAI's Inpatient Hospitalizations and Emergency Department Visits for Patients with a Behavioral Health Diagnosis in California data release: Inpatient Hospitalizations and Emergency Department Visits for Patients with a Behavioral Health Diagnosis in California: Patient Demographics – HCAI.
- (*Note 2 continued*) From **Figures 2 and 4**, the age groups were adopted from Hospitalizations for Mental Health Issues, by Age Group - Kidsdata.org.

RESOURCES

You are not alone. If you or someone you know is struggling, reach out for help with these resources:

- Visit https://www.rcdmh.org or call 2-1-1. Anyone experiencing an emergency should dial 9-1-1.
- You can take advantage of takemyhand.co, a chat line with people who have lived experiences with mental health struggles. These peers can empathize with you and assist you in finding help.
- Three 24/7 Mental Health Urgent Care clinics are open countywide to provide mental health screening and assessments. They treat those in crisis in a safe, caring, trauma-informed setting.
- Youth emotional and mental well-being confidential CARES line: (800) 499-3008, available 24/7.
- We all need space to pause. Spot the signs of an overactive stress response. Build a pause plan to lower stress. Avoid a breaking point: https://takespacetopause.org/
- For more information on mental health in Riverside County, please view the **2025 Mental Health Index**: SHAPE Riverside :: SocioNeeds Index® Suite :: SocioNeeds Index® Suite :: 2025 Mental Health Index
- RUHS Behavioral Health Services: https://www.ruhealth.org/behavioral-health

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