

Prevalence, Comorbidity, and Sociodemographic Correlates of Psychiatric Diagnoses Reported in the All of Us Research Program

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IMPORTANCE All of Us is a landmark initiative for population-scale research into a variety of health conditions, including psychiatric disorders.

OBJECTIVE To analyze the prevalence, comorbidity, and sociodemographic covariates of psychiatric diagnoses in the All of Us biobank.

DESIGN, SETTING, AND PARTICIPANTS We estimated prevalence, overlap, and sociodemographic correlates for diagnoses of psychiatric disorders as reported in electronic health records for All of Us release 5.

EXPOSURES Social and demographic covariates.

MAIN OUTCOMES AND MEASURES Phecodes for diagnoses derived from *International Statistical Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification*, codes across 6 broad domains: mood disorders, anxiety disorders, substance use disorders, stress-related disorders, schizophrenia, and personality disorders.

RESULTS The analytic sample (N = 214 206) was 61.3% female (mean [SD] age, 51.7 [16.6] years). The prevalence of diagnoses ranged from 22.14% (95% CI, 21.17% to 22.52%) for any mood disorder to less than 1% (eg, obsessive-compulsive disorder, 0.41%; 95% CI, -0.02% to 0.83%), with mood disorders being the most common and personality disorders being the least. Estimates for diagnoses were lower than nationally representative estimates, except those for mood disorders, sleep disorder, and schizophrenia. There was substantial overlap among disorders, with the majority of participants with a diagnosis (41 840/75 268, approximately 54%) having 2 or more registered diagnoses and tetrachoric correlations ranging from 0.33 to 0.80. Comparisons across demographic categories revealed that non-Hispanic White people, individuals with low socioeconomic status, women and individuals assigned female at birth, and sexual minority individuals are at greatest risk for most disorders.

CONCLUSIONS AND RELEVANCE Although rates for many of the diagnoses among the All of Us cohort in this study were lower than in the general population, considerable variation, comorbidity, and disparities exist across social groups. To improve the practice of equitable precision medicine, researchers can use comprehensive health data from large-scale resources such as All of Us.

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Psychiatric disorders pose a significant burden to public health. Conditions such as depression, anxiety, and substance use disorders are leading contributors to the national burden of disease.¹ Importantly, these disorders rarely manifest in isolation, showing strong patterns of comorbidity.²

To improve diversity in health research, interrogate health disparities, and deliver on the promise of equitable precision medicine, the National Institutes of Health launched the All of Us program, a historic effort to collect and study data from at least 1 million people living in the United States.³ Beginning in 2018, participants could com-

plete surveys, provide genotypic data, and link their electronic health records (EHRs) to help build a comprehensive database. The goal of the All of Us program is to better understand how biology, lifestyle, and social determinants come together to affect health.

We characterize the prevalence of diagnoses of psychiatric disorders in the All of Us database, comparing estimates with those from nationally representative samples. In addition, we estimate comorbidity across diagnoses and sociodemographic disparities to help better understand the participants who make up this sample.

Methods

The All of Us Research Program

All of Us is a prospective, nationwide cohort study of the effects of lifestyle, environment, and genomics on health outcomes. Participant recruitment is predominantly done through participating health care organizations and in partnership with Federally Qualified Health Centers. Interested participants can enroll as direct volunteers, visiting community-based enrollment sites. Enrollment, informed consent, and baseline health surveys are done digitally through the All of Us website (<https://joinallofus.org>).⁴ Participants are then invited to undergo a basic physical examination and biospecimen collection at an affiliated health care site. Participant follow-up is done in 2 ways, passively via linkage with EHRs and actively by periodic follow-up surveys. We included data from participants enrolled between May 6, 2018, and April 1, 2021, who had available EHR data (release 5, N = 214 206). Analyses were conducted in accordance with the All of Us Code of Conduct and the institutional review board of SUNY Downstate. Participants provided informed consent when joining All of Us, including authorizing All of Us to access their EHRs.

Measures

Diagnoses for all disorders were based on phecodes,⁵ curated groupings of related billing codes from the *International Statistical Classification of Diseases, Ninth and Tenth Revisions, Clinical Modification (ICD-9/10-CM)* (eTable 1 in the [Supplement](#)). We selected *ICD-9/10-CM* codes under the broader Observational Medical Outcomes Partnership (OMOP) Common Data Model categories of drug-related disorders, mental disorders, substance abuse, sleep disorders, and mental state findings. Individuals with 2 or more phecodes were considered to have a diagnosis, based on prior EHR analyses.⁶ Our analyses also included measures for age, sex, gender identity, sexual orientation, race and ethnicity, educational attainment, household income, access to health insurance, and country of origin (eTable 2 and the eAppendix in the [Supplement](#) contain a full description). Race and ethnicity data were provided by All of Us, which used a survey asking how participants identify to categorize responses as Asian; Black or African American; Hispanic or Latino, Latina, or Latinx; non-Hispanic White; multiracial; and other race or ethnicity, for identities that did not fit into any of the other categories.

Results

Table 1 presents the prevalence for each diagnosis. Mood disorders were the most common (22.14%; 95% CI, 21.77%-22.52%), followed by anxiety disorders (20.96%; 95% CI, 20.58%-21.33%), substance use disorders (15.61%; 95% CI, 15.22%-16.0%), and stress-related disorders (7.14%; 95% CI, 6.73%-7.55%). Approximately 12% of participants (12.09%; 95% CI, 11.7%-12.49%) had a documented sleep disorder. Attention-deficit/hyperactivity disorder, schizophrenia, personality disorders, eating disorders, and obsessive-compulsive disorder

Key Points

Question What are the prevalence, correlates, and overlap between diagnoses of psychiatric disorders reported in the All of Us Research Program?

Findings In this cross-sectional study, the prevalence of diagnosed psychiatric disorders ranged from approximately 1% to 22% with personality disorders being the least common and mood disorders being the most common. Associations across sociodemographic factors recapitulated previous epidemiological research.

Meaning While the prevalence of diagnosed psychiatric disorders in All of Us was generally lower than population estimates, the patterns across disorders and sociodemographic characteristics were congruent with prior research.

each had a prevalence at or below 2% (Table 1). Rates of most diagnoses were lower than those from nationally representative samples, except for mood disorders, sleep disorder, and schizophrenia (prevalence by sociodemographic category is provided in eFigure 1 in the [Supplement](#)). When we constrained for more rigorous definitions of being affected (≥ 3 and ≥ 4 phecodes), there was a steady decrease in the prevalence of diagnoses (eAppendix, eTable 3, and eFigure 2 in the [Supplement](#)).

The **Figure** presents the tetrachoric correlations between diagnoses and patterns of comorbidity. We observed significant correlations across all disorders ($r = 0.33$ - 0.80). Approximately 54% of the diagnoses (41 840/75 268) involved some overlap. The majority of participants with multiple diagnoses (60.6%, $n = 25$ 344) had some configuration of mood, anxiety, and substance use disorders. While the frequency of each disorder was lower using more restrictive definitions, the patterns of correlation and comorbidity remained virtually unchanged (eAppendix and eFigures 3 and 4 in the [Supplement](#)).

Table 2 presents the adjusted odds ratios (OR) for sociodemographic factors. Men and those assigned male at birth had lower odds of mood and anxiety disorders (from OR, 0.76 [95% CI, 0.67-0.86] to OR, 0.83 [95% CI, 0.73-0.94]), but increased risk for substance use disorders and schizophrenia (from OR, 1.27 [95% CI, 1.10-1.45] to OR, 1.88 [95% CI, 1.37-2.58]). Participants who were lesbian, gay, bisexual, transgender, or queer (LGBTQ) were at increased risk for most disorders (from OR, 1.27 [95% CI, 1.22-1.32] to OR, 1.85 [95% CI, 1.68-2.05]). People from all racial and ethnic categories were at reduced risk for most disorders compared with non-Hispanic White participants (from OR, 0.30 [95% CI, 0.18-0.49] to OR, 0.87 [95% CI, 0.80-0.94]), except for schizophrenia, where participants who were Black or African American, multiracial, or another race and ethnicity were at increased risk (from OR, 1.43 [95% CI, 1.30-1.56] to OR, 1.70 [95% CI, 1.31-2.21]). Participants born outside the United States were at reduced risk for every disorder (OR, 0.41 [95% CI, 0.39-0.43] to OR, 0.80 [95% CI, 0.76-0.85]). Participants from each educational and income category were at lower risk relative to those with less than a high school education or those reporting an annual income less than

Table 1. Prevalence of Psychiatric Diagnoses in the All of Us Research Program (N = 214 206)

Diagnosis	No. of diagnoses	Prevalence of diagnoses, % (95% CI)	Population prevalence, % ^a
Major depressive disorder	35 776	16.70 (16.32 to 17.09)	16.6
Bipolar	9449	4.41 (4.00 to 4.83)	3.9
Dysthymic disorder	5160	2.41 (1.99 to 2.83)	2.5
Any mood disorder	47 432	22.14 (21.77 to 22.52)	20.8
Anxiety disorder (unspecified)	39 509	18.44 (18.06 to 18.83)	
Generalized anxiety disorder	10 301	4.81 (4.40 to 5.22)	5.7
Social anxiety disorder/agoraphobia	4435	2.07 (1.65 to 2.49)	12.1/1.4
Phobia	681	0.32 (−0.10 to 0.74)	12.5
Any anxiety disorder	44 888	20.96 (20.58 to 21.33)	28.8
Alcohol use disorder	9639	4.50 (4.09 to 4.91)	29.1
Tobacco use disorder	23 126	10.80 (10.40 to 11.20)	17.7
Drug use disorder	15 845	7.40 (6.99 to 7.80)	9.9
Cannabis	6312	2.95 (2.53 to 3.36)	
Cocaine	5274	2.46 (2.04 to 2.88)	
Opioids	7656	3.57 (3.16 to 3.99)	
Other substances	8679	4.05 (3.64 to 4.47)	
Any substance use disorder	33 436	15.61 (15.22 to 16.00)	32.3
Adjustment disorder	9564	4.46 (4.05 to 4.88)	
Posttraumatic stress disorder	7096	3.31 (2.90 to 3.73)	6.1
Any stress-related disorder	15 290	7.14 (6.73 to 7.55)	
Sleep disorder	25 904	12.09 (11.70 to 12.49)	5.6
Schizophrenia	3352	1.56 (1.14 to 1.99)	0.9
Attention-deficit/hyperactivity disorder	3925	1.83 (1.41 to 2.25)	8.1
Antisocial personality/borderline personality disorder	1298	0.61 (0.18 to 1.03)	3.8/2.7
Schizotypal personality disorder	138	0.06 (−0.36 to 0.49)	0.6
Any personality disorder	2541	1.19 (0.77 to 1.61)	9.1
Eating disorder, females/males	987	0.46 (0.04 to 0.88)	8.4/2.2
Obsessive-compulsive disorder	870	0.41 (−0.02 to 0.83)	1.9

^a Estimates for population prevalence are described in the eAppendix in the Supplement.

\$25 000, respectively (from OR, 0.06 [95% CI, 0.04-0.09] to OR, 0.93 [95% CI, 0.89-0.96]). Participants from each relationship category were at increased risk relative to those who were married (from OR, 1.10 [95% CI, 1.05-1.15] to OR, 2.48 [95% CI, 2.19-2.82]). Results were similar when using more restrictive definitions of diagnosis (eAppendix and eTables 4 and 5 in the Supplement).

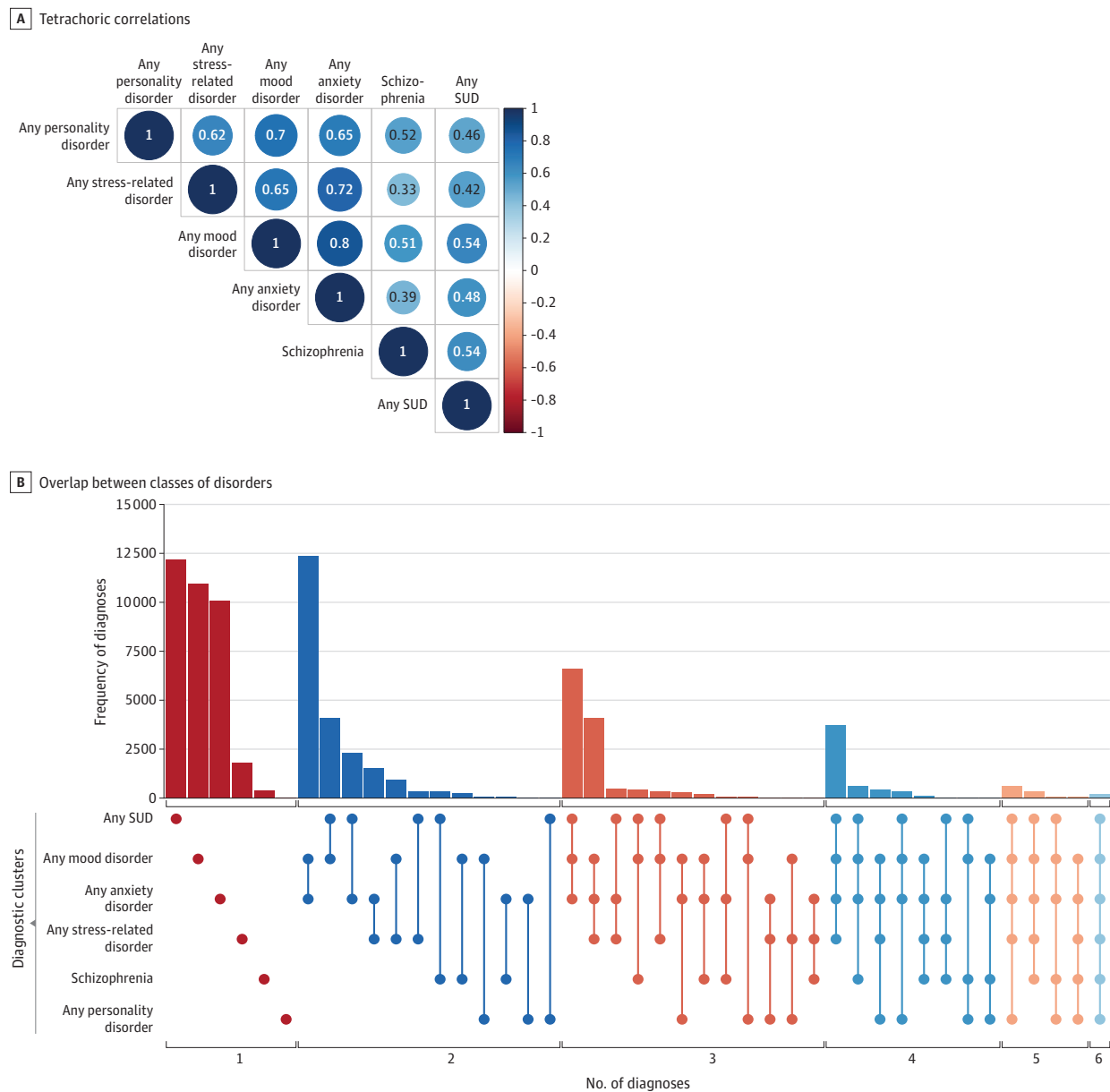
Discussion

We explored diagnoses of psychiatric disorders in the All of Us research program, examining prevalence, comorbidity, and sociodemographic disparities and how they vary across phenotype thresholds for defining who is affected. Other biobanks have a well-known “healthy participant” bias.⁷ This bias is apparent in All of Us given that diagnoses captured in the EHR occur at lower frequency than estimates from nationally representative samples,^{2,8} with the exception of mood disorders, sleep disorders, and schizophrenia. In addition, the positive association between health insurance and each disorder suggests some barrier to health care for participants without insurance, similar to prior research.⁹ Diagnoses were strongly intercorrelated, supporting the idea that psychiatric disor-

ders may in part share common causes.¹⁰ Most respondents with any registered diagnosis had diagnoses for 2 or more disorders in their EHR. The most common configuration of overlap involved mood, anxiety, and substance use disorders. These patterns of comorbidity remained consistent, even for more restrictive definitions.

Disparities across sociodemographic factors were similar to disparities from nationally representative samples.² Participants who were assigned female at birth, women, and LGBTQ individuals were at increased risk of most disorders.⁸ People from every racial and ethnic category were at reduced risk of most disorders, relative to non-Hispanic White participants, a commonly observed pattern that is in the opposite direction of physical health disparities.¹¹ One exception was the increased risk of schizophrenia for Black and African American, multiracial, and other non-White participants, which has previously been attributed as a consequence of racism¹² and bias in the diagnosis.¹³ Further, participants with a college degree and annual household incomes more than \$100 000 were at the lowest risk for each disorder, which could reflect processes of social causation¹⁴ or social selection or drift.¹⁵ Again, these patterns remained consistent regardless of the number of phecodes codes required for diagnosis.

Figure. Correlations and Patterns of Comorbidity Across 6 Classes of Disorders



All correlations are significant at $P < .001$. SUD indicates substance use disorder.

Limitations

Our analysis has several limitations. We focused on participants with any documented history of disorders. Our measures of diagnosis could be biased in that (1) they are limited to those who have sought treatment and (2) they could reflect misdiagnosis given that they require only 2 records in the EHR. Sensitivity analyses using more stringent thresholds resulted in a lower estimated prevalence for each disorder. Future work can leverage available genetic data in All of Us to examine whether there are distinct causes across different thresholds for inclusion. Lastly, we used *ICD-9/10-CM* codes for generating phecodes and may have missed diagnoses from

other source vocabularies, such as SNOMED (eAppendix in the Supplement).

Conclusions

The goal of the All of Us program is to create a resource for medical research in the United States, with an emphasis in improving health equity and representation. In the current analysis, we investigated the available data on diagnoses of psychiatric disorders. Although the rates of many of the diagnoses in the All of Us cohort were lower than in the general popula-

Table 2. Adjusted Estimates of Risk for Psychiatric Diagnoses

	Any mood disorder		Any anxiety disorder		Any substance use disorder		Any stress-related disorder		Schizophrenia		Any personality disorder	
	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI
Sex												
Female	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Male	0.76 (0.06) ^b	0.67-0.86	0.77 (0.07) ^b	0.68-0.88	1.27 (0.07) ^b	1.10-1.45	0.67 (0.10) ^b	0.56-0.81	1.04 (0.16)	0.75-1.42	0.93 (0.20)	0.63-1.36
Neither selected	0.94 (0.05)	0.84-1.04	0.89 (0.06)	0.80-1.00	1.19 (0.06) ^b	1.05-1.33	0.86 (0.08)	0.73-1.01	1.25 (0.15)	0.93-1.67	0.87 (0.20)	0.59-1.29
Gender												
Woman	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Man	0.90 (0.06)	0.79-1.02	0.83 (0.07) ^b	0.73-0.94	1.39 (0.07) ^b	1.21-1.60	1.20 (0.10)	0.99-1.45	1.88 (0.16) ^b	1.37-2.58	0.93 (0.20)	0.63-1.37
Neither selected	1.11 (0.05)	1.02-1.22	1.02 (0.05)	0.93-1.12	1.19 (0.05) ^b	1.07-1.32	1.38 (0.07) ^b	1.22-1.57	1.78 (0.13) ^b	1.38-2.29	1.36 (0.14)	1.03-1.81
Sexual orientation												
Heterosexual	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Other than heterosexual	1.51 (0.02) ^b	1.47-1.56	1.39 (0.02) ^b	1.34-1.43	1.27 (0.02) ^b	1.22-1.32	1.37 (0.03) ^b	1.30-1.44	1.56 (0.05) ^b	1.43-1.71	1.85 (0.05) ^b	1.68-2.05
Age, y												
18-29	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
30-44	1.64 (0.02) ^b	1.57-1.71	1.52 (0.02) ^b	1.46-1.58	2.26 (0.02) ^b	2.16-2.37	1.44 (0.03) ^b	1.36-1.54	2.40 (0.07) ^b	2.09-2.76	1.36 (0.07) ^b	1.19-1.55
45-64	1.99 (0.02) ^b	1.91-2.07	1.51 (0.02) ^b	1.46-1.57	2.46 (0.02) ^b	2.35-2.58	1.60 (0.03) ^b	1.50-1.7	2.46 (0.07) ^b	2.15-2.82	1.29 (0.07) ^b	1.13-1.48
≥65	1.51 (0.02) ^b	1.44-1.58	1.09 (0.02) ^b	1.04-1.14	1.42 (0.03) ^b	1.34-1.50	1.17 (0.04) ^b	1.09-1.26	1.19 (0.09)	1.00-1.42	0.71 (0.08) ^b	0.60-0.83
Race and ethnicity												
Asian	0.44 (0.05) ^b	0.40-0.49	0.44 (0.05) ^b	0.41-0.49	0.52 (0.07) ^b	0.45-0.60	0.59 (0.07) ^b	0.51-0.68	0.76 (0.24)	0.48-1.21	0.30 (0.26) ^b	0.18-0.49
Black and African American	0.48 (0.02) ^b	0.46-0.49	0.37 (0.02) ^b	0.36-0.39	0.70 (0.02) ^b	0.67-0.72	0.61 (0.03) ^b	0.58-0.64	1.43 (0.05) ^b	1.30-1.56	0.33 (0.06) ^b	0.29-0.37
Hispanic or Latino	0.69 (0.02) ^b	0.67-0.72	0.65 (0.02) ^b	0.63-0.68	0.68 (0.02) ^b	0.66-0.71	0.78 (0.03) ^b	0.74-0.82	1.13 (0.06)	1.00-1.28	0.53 (0.07) ^b	0.47-0.60
Non-Hispanic White	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Multiracial	0.85 (0.04) ^b	0.78-0.93	0.82 (0.04) ^b	0.75-0.89	1.00 (0.05)	0.90-1.11	1.02 (0.07)	0.90-1.16	1.70 (0.13) ^b	1.31-2.21	0.86 (0.14)	0.66-1.14
Not reported	0.81 (0.04) ^b	0.75-0.88	0.79 (0.04) ^b	0.72-0.85	1.05 (0.04)	0.97-1.15	0.92 (0.06)	0.81-1.04	1.68 (0.11) ^b	1.37-2.07	0.73 (0.14)	0.56-0.96
Other race and ethnicity	0.87 (0.04) ^b	0.80-0.94	0.81 (0.04) ^b	0.75-0.88	1.10 (0.05)	1.00-1.21	1.05 (0.06)	0.94-1.19	1.52 (0.13) ^b	1.18-1.94	0.75 (0.15)	0.56-0.99
Country of origin												
US born	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Not US born	0.77 (0.02) ^b	0.74-0.80	0.73 (0.02) ^b	0.71-0.76	0.41 (0.03) ^b	0.39-0.43	0.80 (0.03) ^b	0.76-0.85	0.57 (0.08) ^b	0.49-0.66	0.64 (0.08) ^b	0.55-0.75
Not reported	0.90 (0.05)	0.81-1.00	0.93 (0.06)	0.84-1.04	1.07 (0.06)	0.96-1.19	0.92 (0.08)	0.78-1.09	1.05 (0.13)	0.82-1.36	0.88 (0.19)	0.61-1.28
Education												
Less than HS	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
HS diploma or equivalent	0.93 (0.02) ^b	0.89-0.96	0.98 (0.02)	0.94-1.02	0.80 (0.02) ^b	0.76-0.83	1.02 (0.03)	0.96-1.09	0.76 (0.05) ^b	0.69-0.83	0.86 (0.07)	0.75-0.98
Some college	0.96 (0.02)	0.92-1.00	1.04 (0.02)	1.00-1.09	0.66 (0.02) ^b	0.63-0.68	1.07 (0.03)	1.00-1.13	0.58 (0.05) ^b	0.52-0.65	0.99 (0.07)	0.86-1.13
College degree or higher	0.73 (0.02) ^b	0.70-0.76	0.82 (0.02) ^b	0.78-0.85	0.28 (0.03) ^b	0.27-0.30	0.86 (0.03) ^b	0.80-0.92	0.40 (0.07) ^b	0.35-0.46	0.63 (0.08) ^b	0.54-0.73
Not reported	0.92 (0.04)	0.85-1.00	0.87 (0.04) ^b	0.80-0.95	0.89 (0.04) ^b	0.82-0.96	0.87 (0.07)	0.76-0.99	0.82 (0.09)	0.69-0.99	0.87 (0.14)	0.66-1.16

(continued)

Table 2. Adjusted Estimates of Risk for Psychiatric Diagnoses (continued)

	Any mood disorder		Any anxiety disorder		Any substance use disorder		Any stress-related disorder		Schizophrenia		Any personality disorder	
	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI	aOR (SE) ^a	95% CI
Income, \$/y												
<25 000	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
25 000-50 000	0.71 (0.02) ^b	0.69-0.74	0.79 (0.02) ^b	0.76-0.81	0.61 (0.02) ^b	0.58-0.63	0.77 (0.03) ^b	0.73-0.81	0.37 (0.07) ^b	0.32-0.43	0.59 (0.06) ^b	0.52-0.67
50 000-75 000	0.59 (0.02) ^b	0.57-0.61	0.69 (0.02) ^b	0.66-0.72	0.43 (0.03) ^b	0.41-0.46	0.73 (0.03) ^b	0.68-0.78	0.18 (0.13) ^b	0.14-0.24	0.42 (0.09) ^b	0.35-0.50
75 000-100 000	0.51 (0.02) ^b	0.48-0.53	0.62 (0.02) ^b	0.59-0.65	0.37 (0.04) ^b	0.34-0.40	0.60 (0.04) ^b	0.55-0.64	0.13 (0.20) ^b	0.09-0.19	0.32 (0.11) ^b	0.26-0.41
>100 000	0.39 (0.02) ^b	0.37-0.40	0.50 (0.02) ^b	0.48-0.52	0.26 (0.03) ^b	0.24-0.28	0.47 (0.03) ^b	0.44-0.51	0.06 (0.20) ^b	0.04-0.09	0.17 (0.11) ^b	0.13-0.21
Not reported	0.68 (0.02) ^b	0.66-0.71	0.75 (0.02) ^b	0.72-0.77	0.70 (0.02) ^b	0.68-0.73	0.75 (0.02) ^b	0.71-0.79	0.73 (0.04) ^b	0.67-0.80	0.68 (0.06) ^b	0.61-0.76
Health insurance												
Has	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Does not have	0.42 (0.03) ^b	0.40-0.45	0.41 (0.03) ^b	0.38-0.43	0.45 (0.03) ^b	0.42-0.47	0.52 (0.04) ^b	0.47-0.56	0.37 (0.08) ^b	0.31-0.43	0.63 (0.09) ^b	0.52-0.75
Not reported	0.71 (0.04) ^b	0.66-0.76	0.74 (0.04) ^b	0.69-0.80	0.84 (0.04) ^b	0.78-0.91	0.76 (0.06) ^b	0.68-0.86	0.75 (0.09) ^b	0.63-0.89	0.65 (0.14) ^b	0.50-0.86
Marital information												
Married	1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]		1 [Reference]	
Cohabiting	1.17 (0.02) ^b	1.11-1.22	1.10 (0.02) ^b	1.05-1.15	1.86 (0.03) ^b	1.77-1.97	1.09 (0.04) ^b	1.01-1.18	1.56 (0.09) ^b	1.30-1.87	1.18 (0.1) ^b	0.98-1.43
Divorced	1.50 (0.02) ^b	1.45-1.55	1.35 (0.02) ^b	1.31-1.40	1.87 (0.02) ^b	1.79-1.94	1.40 (0.03) ^b	1.33-1.48	2.01 (0.07) ^b	1.75-2.30	1.94 (0.06) ^b	1.71-2.20
Never married	1.31 (0.02) ^b	1.27-1.36	1.16 (0.02) ^b	1.12-1.20	1.69 (0.02) ^b	1.62-1.75	1.15 (0.03) ^b	1.09-1.20	2.48 (0.06) ^b	2.19-2.82	1.66 (0.06) ^b	1.46-1.88
Separated	1.50 (0.03) ^b	1.42-1.58	1.29 (0.03) ^b	1.22-1.37	1.91 (0.03) ^b	1.79-2.03	1.33 (0.04) ^b	1.22-1.45	2.10 (0.09) ^b	1.76-2.49	1.91 (0.10) ^b	1.57-2.32
Widowed	1.33 (0.02) ^b	1.27-1.40	1.18 (0.03) ^b	1.12-1.24	1.58 (0.03) ^b	1.49-1.67	1.35 (0.04) ^b	1.26-1.46	1.80 (0.10) ^b	1.48-2.18	1.25 (0.11) ^b	1.01-1.54
Not reported	1.25 (0.04) ^b	1.16-1.33	1.13 (0.04) ^b	1.06-1.22	1.69 (0.04) ^b	1.57-1.82	1.24 (0.05) ^b	1.11-1.37	2.47 (0.09) ^b	2.05-2.97	1.73 (0.12) ^b	1.37-2.19

Abbreviations: aOR, adjusted odds ratio; HS, high school.

^a All estimates conditional on all other covariates included in the model.^b P < .05 + 6 = .008.

tion, considerable variation, comorbidity, and disparities existed across social groups. Future research can draw on the vast genetic, lifestyle, and other social data to investigate the causes and consequences of psychiatric conditions.

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Correction: This article was corrected on September 14, 2022, to use the term *diagnoses vs disorders* in the title; revise the methods of analysis; and correct the estimates of prevalence of diagnoses in the text, Tables, Figure, and Supplement.

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