

Barriers to Mental Health Treatment among New York City Adults, 2023

All New Yorkers should have timely access to high-quality, affordable, and culturally appropriate mental health treatment when they want or need it. However, many New Yorkers report challenges and barriers to accessing mental health treatment, including cost, stigma, logistics, or other reasons.

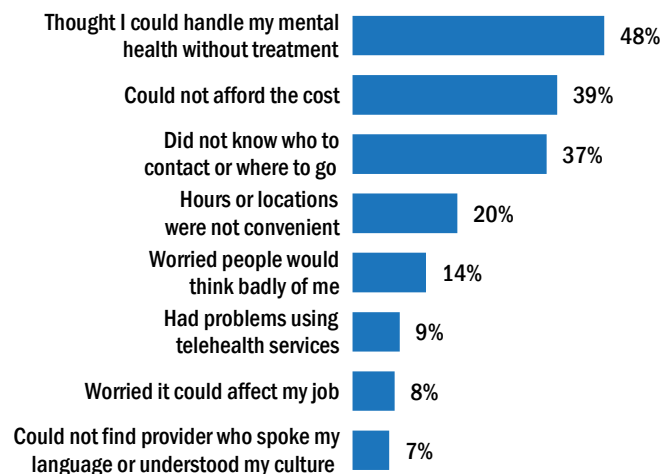
Adults may need mental health support or treatment for a range of experiences, such as a difficult life event, feelings of sadness or anxiety, or a severe mental health crisis. In 2023, about 14% of New Yorkers (an estimated 945,000 people) reported that there was a time in the past year that they did not get the mental health treatment they needed (either counseling or medication). This report focuses on these New Yorkers reporting an unmet need and examines the reasons they did not get treatment. Unmet need for mental

health treatment includes people's perception of not receiving as much treatment as they would have wanted, not receiving it as soon as they wish they had, or not easily accessing it at any point when they wanted it. Because unmet need is self-reported, it is tied to factors that influence which groups of people want to pursue mental health treatment.

Some barriers to receiving mental health treatment may be more prevalent among socially marginalized New Yorkers including low-income individuals; people of color; lesbian, gay, bisexual, transgender, queer, or questioning individuals; and, other groups that face discrimination.¹ This report examines barriers to treatment by different sociodemographic factors to describe these inequities and provides actionable recommendations to increase access to mental health treatment for all New Yorkers.

Prevalence of barriers to mental health treatment

Reasons for unmet need for mental health treatment among New York City adults, 2023



- In 2023, among adults in New York City (NYC) reporting an unmet need for mental health treatment in the past year, the top reason selected from a pre-defined list was “thought I could handle my mental health without treatment” (48%). The next most common reason was “could not afford the cost” (39%), followed by “didn’t know who to contact or where to go” (37%). Note that more than one reason could be selected.
- Optionally, respondents could identify and write in additional barriers to getting mental health treatment in the past year. Respondents identified: problems with health insurance (3%), lack of provider availability (2%), difficulty finding a high-quality provider or a provider who was a good match (2%), apprehension about the mental health system, providers and/or medication (2%), too busy or didn’t have time (1%), chose not to pursue care (1%), and prevented by physical and/or mental health issues from seeking or accessing treatment (1%).

More than one reason could be selected.
Source: NYC Neighborhood Wellness Survey, 2023

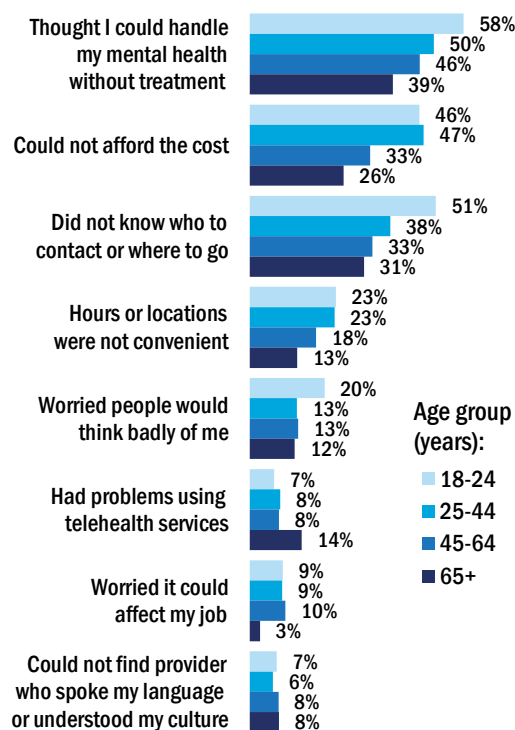
Data source: NYC Neighborhood Wellness Survey (NWS), a representative sample (n=43,606) of non-institutionalized adults ages 18 and older in NYC. The NYC NWS was conducted from May 2023 to September 2023 through a collaboration between the NYC Health Department and the CUNY Graduate School of Policy and Public Health. The NWS used a probability-based approach using address-based sampling methods to mail surveys to randomly selected households in NYC; the adult in the household with the next birthday was asked to take the survey. Most surveys were completed by mail, with some online completion. The paper survey was available in English and Spanish and online in English, Spanish, traditional Chinese, simplified Chinese, Haitian Creole, and Russian. Survey weights were created to account for design, non-response, and population representation. Multivariate adjustments to weights were applied using demographic characteristics distributions from the 2021 American Community Survey population ages 18 or older, living in non-institutionalized settings and non-group quarters.

Most adult New Yorkers reported multiple barriers to mental health treatment

- In 2023, more than half of NYC adults with an unmet need identified more than one barrier to treatment (57%). Seventeen percent of individuals reported three barriers and 15% reported four or more barriers.
- Among adults who reported an unmet need for mental health treatment, those experiencing serious psychological distress (SPD) were more likely to report two or more barriers to treatment than those without SPD. The most reported barriers were the same among those with SPD as among the whole population with unmet need.

Barriers to mental health treatment varied by age, gender, and race and ethnicity

Reasons for unmet need for mental health treatment by age group among New York City adults, 2023



More than one reason could be selected.

Source: NYC Neighborhood Wellness Survey, 2023

- In 2023, adults ages 18 to 24 years old were more likely than all older age groups to select “thought I could handle my mental health without treatment,” “didn’t know who to contact or where to go,” and “worried that people would think badly of me” as barriers to getting mental health treatment. Note that more than one reason could be selected.
- Adults ages 18 to 24 years old were more likely to select “hours or locations were not convenient” as a barrier than those ages 65 and older.
- Adults in age groups 18 to 24 year and 25 to 44 years were both more likely than adults ages 45 to 64 and those 65 and older to report they “could not afford the cost” as a barrier to treatment.
- Adults ages 65 and older were more likely to select “had problems using telehealth services” as a barrier to mental health treatment than all younger age groups.
- Cisgender men were more likely than cisgender women to select “worried that people would think badly of me” (17% vs. 12%), “had problems using telehealth services” (10% vs. 8%), and “worried it could affect my job” (10% vs. 7%) as barriers to receiving mental health treatment.
- Cisgender men (51%), compared with cisgender women (47%) and those with another gender identity (38%*) were more likely to report “thought I could handle my mental health without treatment” as a reason they did not get treatment.
- Adults with a gender identity besides cisgender (54%*) were more likely to report “could not afford the cost” as a barrier to getting mental health treatment compared with cisgender men (39%) and cisgender women (39%).

- White adults (46%) were more likely to select “could not afford the cost” as a reason for their unmet need compared with Black (31%) and Latino (34%) adults.
- Asian or Pacific Islander (API) adults (23%) were more likely than white adults (18%) to select “hours or locations were not convenient” as a barrier to treatment.
- Latino and API adults were more likely than white adults to report these barriers to mental health treatment: “worried that people would think badly of me” (17% and 22%, respectively, vs. 10%), “worried it could affect my job” (10% and 12% vs. 7%), and “could not find a provider who spoke my language or understood my culture” (10% and 15% vs. 4%).

*Interpret estimate with caution due wide 95% confidence interval

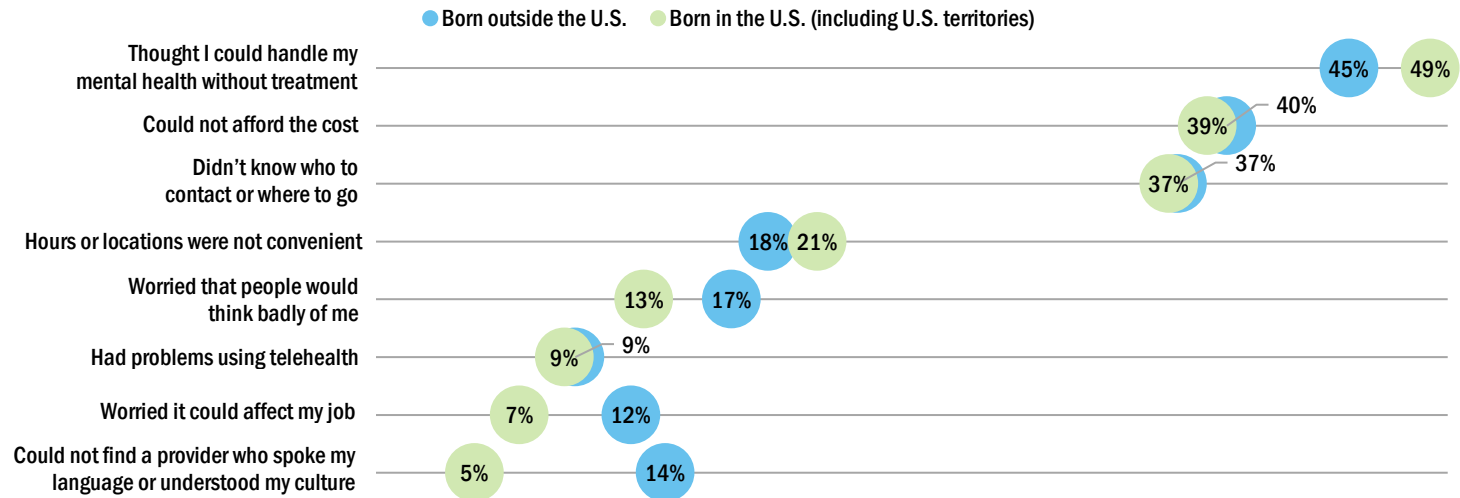
Definitions: Race/ethnicity: For this publication, Latino includes people of Hispanic or Latino origin, as identified by the survey question “Are you Hispanic or Latino/a?” and regardless of reported race. Black, white, Asian and Pacific Islander (API), and “another or multiple races” categories exclude Latino ethnicity. **Serious psychological distress (SPD)** is defined as having a score greater than or equal to 13 on the Kessler 6 (K6) scale, a six-item scale developed to identify people highly likely to have a diagnosable mental illness and associated functional limitations.²

Financial strain was measured using the question, “In the PAST 12 MONTHS, how hard was it for you to pay for basic needs, like food, housing, utilities, and medical care?” Response options included ‘not hard’ (no financial strain), ‘somewhat hard’ (some financial strain), ‘very hard’ (high financial strain).

Some reported barriers to mental health treatment varied by place of birth

- In 2023, adults born outside of the U.S. were more likely than those born in the U.S. (including U.S. territories) to select “worried that people would think badly of me,” “worried it could affect my job,” and “could not find a provider who spoke my language or understood my culture.”
- Adults born in the U.S. were more likely to select “thought I could handle my mental health without treatment” and “could not afford the cost.”

Reasons for unmet need for mental health treatment by place of birth, among New York City adults, 2023



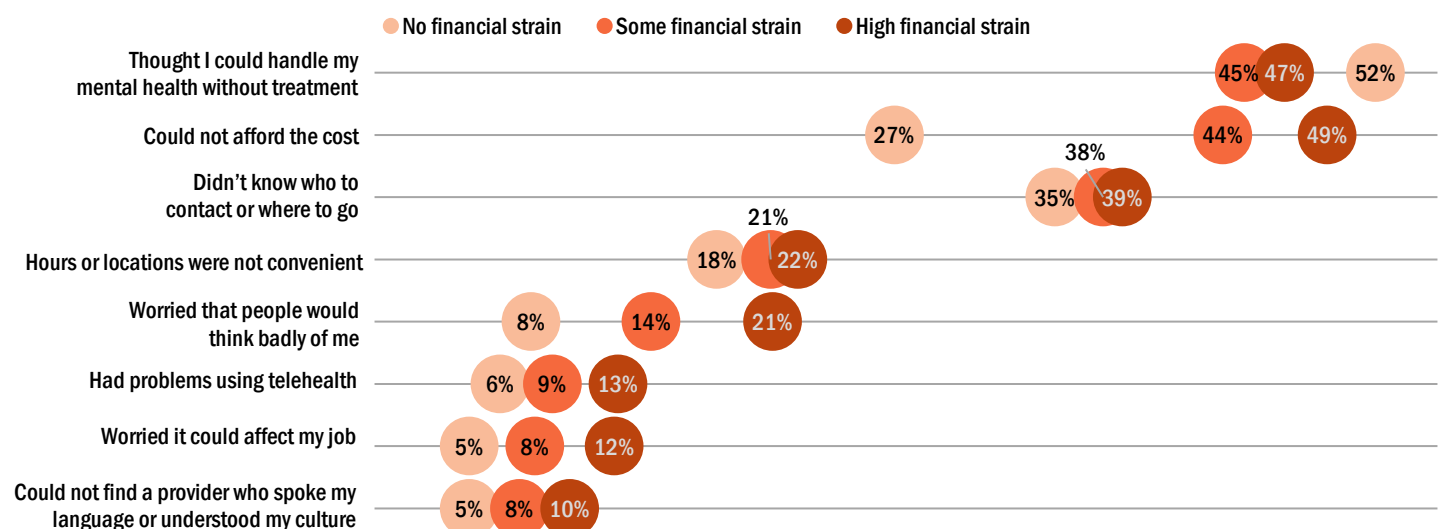
More than one reason could be selected.

Source: NYC Neighborhood Wellness Survey, 2023

Many reported barriers to mental health treatment varied by financial strain

- Adults experiencing any financial strain were more likely than those with no financial strain to select “could not afford the cost,” “worried that people would think badly of me,” “had problems using telehealth services,” “worried it could affect my job,” and “could not find a provider who spoke my language or understood my culture” as barriers to treatment. Adults with very high financial strain were also more likely to select “hours or locations were not convenient.”
- Those with no financial strain were more likely than those with any financial strain to select “thought I could handle my mental health without treatment” as a reason they did not get treatment.

Reasons for unmet need for mental health treatment by financial strain among New York City adults, 2023



More than one reason could be selected. Source: NYC Neighborhood Wellness Survey, 2023

Recommendations



For all New Yorkers:

- For free, confidential mental health and substance use support for you and your loved ones and connection to ongoing mental health treatment that meets your needs, call or text 988 or chat online at nyc.gov/988, anytime. Trained counselors are available 24/7 by phone in over 200 languages and by text and chat services in English and Spanish.
- Consider completing a Mental Health First Aid course or Community Mental Wellness and Resilience Workshop to learn how to identify the signs of mental illness and how to assist someone who may be developing a mental health condition. For more information, visit nyc.gov/health and search for [mental health resilience trainings](#).



For mental health providers:

- Take Behavioral Health Parity 101 for Service Providers training and know your rights as a provider regarding reimbursement for mental health and substance use treatment and services. Report reimbursement rates that are too low to the New York State Department of Financial Services. For more information, visit nyc.gov/health and search for [behavioral health insurance](#).
- Consider adjusting hours of operation especially to meet the needs of people with high financial strain.
- Offer in-person treatment options for those who may prefer or require that over telehealth.



For community organizations and advocates:

- Implement education campaigns and partner with community leaders to reduce stigma around mental health and illness. Focus efforts on young adults, cisgender men, Latino and Asian and Pacific Islander adults and adults born outside the U.S.
- Provide technical support and training for people who may have trouble accessing telehealth services, such as older adults.



For policymakers:

- Enforce mental health parity laws at the state and federal level so that more New Yorkers with private insurance can access care.
- Support a culturally, linguistically, and racially diverse mental health workforce to serve New Yorkers from all backgrounds, in particular Latino and Asian and Pacific Islander New Yorkers by creating jobs that pay a living wage and supporting scholarship and loan forgiveness programs for mental health career education. Support hiring, standardized training programs, and expanded opportunities for those in peer support roles.
- Advocate for free or low-cost internet service so people with financial strain can access telehealth services.
- Expand access to health-promoting social conditions for all New Yorkers to reduce the burden of mental illness, including creating more jobs that pay a living wage, expanding affordable childcare options, and developing more affordable and supportive housing options. Prevent policies and funding reductions that have been shown to harm mental health and increase mental distress.^{3,4}

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Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing societal efforts to address historical and contemporary injustices such as discrimination based on race/ethnicity, and other identities. For more information, visit the World Health Organization's [Health Equity](#) webpage.

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