

How Connection Heals: Another Year of Evidence-Based Care at Charlie Health



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Letter from Dr. Caroline Fenkel, Chief Clinical Officer & Co-Founder

To the Charlie Health Community:

When we held our first group session four years ago, the three-person Clinical Team at Charlie Health had a straightforward yet ambitious goal: to connect the world to life-saving mental health treatment. Reflecting on 2024, we've made significant strides toward this mission. Since that first group, we've served over 40,000 clients across 37 states and counting. These numbers reflect the tireless work of our team – now over 1,500 strong – who work daily to provide virtual, intensive care to those struggling with the most serious mental health conditions.

Forging meaningful relationships for all clients through personalized peer groups continues to be at the heart of our work at Charlie Health. As you'll see in this report, our focus on fostering these bonds enriches our treatment outcomes. The research captured here shows the power of connection in our clients' lives—from the positive role of neurodivergent-affirming care to therapeutic models that better connect clients and clinicians. By centering strong therapeutic ties in our evidence-based model, we see improved client outcomes across the board: reduced anxiety and depression, better daily functioning, and lower rates of self-harm and suicidal ideation. In essence, connection is more than a concept at Charlie Health—it's a lifeline.

Connection also fuels our commitment to high-quality, evidence-based care. Between 2023 and 2024, we held a series of measurement-based care (MBC) pilots, which integrated self-reported feedback into each phase of treatment. Subsequent research revealed that clients who participated in MBC completed treatment at rates up to 29% higher than those who didn't. These pilots represent both our dedication to data-driven improvements and to cultivating genuine connections between clients, clinicians, and the care process. In this way, connection doesn't just end in the virtual therapy room at Charlie Health; it's embedded in how we evaluate, improve, and personalize care.

This year, our Annual Outcomes Report offers a glimpse into the tangible ways our team, clients, and their families are shaping a connected community that prioritizes both individual and shared healing. As we look ahead, we remain steadfast in our commitment to a world where all people have access to evidence-based, life-saving care—and we believe that with every Charlie Health connection, we move closer to this vision.



With gratitude,



Dr. Caroline Fenkel, MSS, DSW, LCSW

Introduction

Isolation and loneliness are at epidemic levels in the United States. The U.S. Surgeon General has raised the alarm¹ about the devastating emotional and physical health tolls of social disconnection, and 2024 data² from the Centers for Disease Control and Prevention (CDC) shows that about one in four adults nationally lack sufficient social and emotional support. In the face of this deepening mental health crisis, the need to foster genuine human connection has never been more urgent.

Research, including our own, reinforces that social connection is a significant driver of mental health outcomes; studies consistently show³ that people who lack close, affirming relationships are at greater risk for depression, anxiety, and other mental health issues. By contrast, data shows⁴ that those with strong social connections experience greater resilience, lower stress levels, and improved emotional well-being. It's evident that sustainable, long-term healing happens when people feel seen, heard, and supported—a framework that guides all of our work at Charlie Health.

Charlie Health's Mission

Connect the world
to life-saving mental
health treatment.

Charlie Health's Values



Connection

Care deeply and
inspire hope.



Congruence

Stay curious and
heed the evidence.



Commitment

Act with urgency
and don't give up.

Part 1

Outcomes



Outcomes

Pre-Admission and Post-Discharge



How We Collect Data

At Charlie Health, we use data to strengthen the human connections at the heart of our work. The data we collect follows each client's unique healing journey. At intake, clients complete a robust survey that provides us with a glimpse into their symptoms and lived experiences. Throughout treatment, data is continuously used as a clinical tool, fostering deeper conversations between clients and clinicians as they work together to track progress.

In turn, after group sessions, clients regularly share their feedback, giving clinicians the opportunity to listen and respond to their needs in real-time. This ongoing exchange of insights strengthens trust between clients and their treatment team.

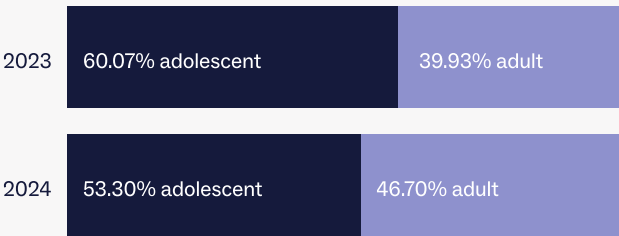
At discharge, clients complete the same survey they took at intake, allowing us to precisely measure their progress from beginning to end. Even after they transition from our care, clients are invited to participate in post-discharge surveys. This enables us to track their long-term growth and reinforces our commitment to their well-being beyond their time in treatment. By openly sharing these insights, we empower clients, caregivers, and providers nationwide to feel supported and confident in choosing Charlie Health.

To demonstrate the impact of this approach for this report, we analyzed de-identified data spanning the past three years, revealing significant patterns and outcomes. In the following section, Charlie Health's Research and Clinical Outcomes Team presents detailed analyses of clinical outcomes data collected between October 2021 and September 2024.

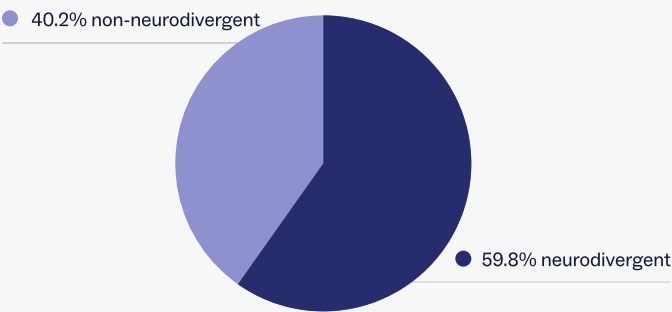
Who We Treat

Between October 2023 and September 2024, over 20,000 clients between the ages of 11 and 50 received care from Charlie Health. Clients come to Charlie Health from all walks of life, including people of different processing styles, racial backgrounds, genders, ages, and more.

Client Population by Age Group



Client Population by Neurodivergent Identity



Among our total client population, over half (59.8%) self-identified as being neurodivergent, almost three times the rate we see in the general population. While the exact reasons for this are not yet fully understood, it raises important questions about the unique accessibility and inclusivity of our affirming virtual therapy program for neurodivergent individuals. It may reflect factors such as the comfort of virtual settings, our approach to self-identification versus formal diagnoses, and/or broader shifts in how neurodivergence is understood and reported.

1/3

Approximately one in three Charlie Health clients are from a minority racial group

One in 10 Charlie Health clients report a gender identity outside of the male/female binary



As part of our mission to connect the world to life-saving mental health treatment, we took significant steps to broaden our impact in 2024. This year, we expanded our reach by increasing our age range to include clients up to 50 years old, ensuring more individuals can access the care they need. Additionally, we launched a virtual Medication-Assisted Treatment (MAT) program in select states to provide specialized support for clients navigating substance use disorders.

Acuity at Intake

The severity of our clients' mental health symptoms highlights the urgency of our work.

At intake, one-third (33%) of our clients report experiencing suicidal ideation in the week prior to their first group session. Additionally, nearly half (46%) of clients indicate that they've attempted suicide at some point in their life, and another third (34%) are actively engaging in self-harm behaviors.

Additionally, just under two-thirds (65%) of clients report moderate to severe depression at intake, and more than half (58%) report moderate to severe anxiety.



2022-2023 vs. 2023-2024: Year-Over-Year Improvement

Throughout 2024, we continued to see strong year-over-year improvements in key mental health symptoms.

	2021-2022	2022-2023	2023-2024
Avg. PHQ-9 Reduction	-6.46 points n=898	-7.66 points n=2,606	-7.77 points n=4,767
Avg. GAD-7 Reduction	-5.29 points n=460	-6.18 points n=2,594	-6.52 points n=4,712
Avg. Reduction in Days of Self-Harm For clients who report self-harm behaviors at intake	Insufficient Data	-4.67 days n=1,669	-5.32 days n=1,047
Percentage of Clients Who Experience Remission from Suicidal Ideation From intake to discharge	63.6% n=382	78.61% n=968	80.12% n=1,680

Based on self-reported data from routinely discharged clients

Cohort Outcomes

Evaluating group cohort-specific improvements at Charlie Health is essential for assessing program quality and effectiveness. Mental health disparities impact populations differently, which is why we match clients into groups with others who are the same age, share similar lived experiences, and present with similar clinical needs.

The following are a few highlights of cohort-specific findings.

Maternal Mental Health Cohort

Suicide is the leading cause of maternal death⁵ in the year following childbirth. Recognizing this critical need, we piloted an evidence-based treatment program designed to support new mothers facing high acuity mental health challenges. This new cohort creates a space for them to connect in facilitated groups and work through their experiences alongside specialized Primary Therapists. In the past year, 794 clients have completed treatment in our maternal mental health cohort. The treatment outcomes from this initial pilot are significant, with rates of depression and anxiety reduced by more than half for cohort members who routinely discharged and completed both the intake and discharge surveys.

	Avg. Score at Intake	Avg. Score at Discharge	Improvement Rate
PHQ-9 <small>n=109</small>	13.29	5.92	-55.46%
GAD-7 <small>n=106</small>	13.00	5.57	-57.15%

Based on self-reported data from routinely discharged clients

“When I started with Charlie Health, I was in a really dark place. I was actively re-experiencing my trauma through flashbacks and was deeply depressed. Charlie Health helped me realize what was happening and how to handle those flashbacks in the moment and the future, and it also helped me learn what it means to be worthy. I feel like I’ve found a part of myself again, a spark of joy I haven’t seen in myself in years. I’ve learned a lot of skills that I know will be in my toolbox for a long time. The bonds that I’ve made with my group and even the group facilitators have been so healing and validating.”

— Hannah O., Charlie Health Alum

Adult Clients (Ages 36-50)

According to Mental Health America⁶ (MHA), about one-quarter (23%) of adults in the United States have experienced some mental health issue in the last year, which equates to over 60 million people. Additionally, one in four of those adults could not access care because of cost. By increasing our age range to 50 years old and by accepting commercial insurance, Medicaid, and TriCare, we're able to connect a greater number of people to the care they need. While this older adult program is new, we're seeing promising results in an early sample of clients.

	Avg. Score at Intake	Avg. Score at Discharge	Improvement Rate
PHQ-9 <small>n=36</small>	16.64	7.10	-57.33%
GAD-7 <small>n=33</small>	15.03	6.54	-56.49%

Based on self-reported data from routinely discharged clients

“Charlie Health helped bring me back from a manic crisis. I'd never considered group therapy before, but at Charlie Health, it was welcoming and effective. Individual counseling helped me recover my mind and myself. Through family therapy, we began conversations we needed to have years ago. Psychiatry was also excellent. I got to try a new medication that I'm much happier with. I'm very grateful for the Charlie Health community!”

— Christopher J., Charlie Health Alum



Substance Use Disorders

Based on data from MHA, about two in 10 (17%) adults in the United States experienced a substance use disorder (SUD) in 2024. SUD is one of the deadliest mental health conditions⁷ that reduces life expectancy by 10-20 years. However, 75% of adults with SUD were unable to access treatment in the last year.⁶ To fill this critical gap in care, we offer a specialized SUD cohort and clinical curriculum. Furthermore, beginning in 2024, our SUD-specific program was integrated with a virtual Medication-Assisted Treatment (MAT) program in select states.

	Avg. Score at Intake	Avg. Score at Discharge	Improvement Rate
PHQ-9 <small>n=972</small>	16.22	8.52	-47.47%
GAD-7 <small>n=963</small>	13.61	7.16	-47.39%

Based on self-reported data from routinely discharged clients



One-third (35%) of substance use clients report no substance use by discharge

“My depression started really young, when I was 4 or 5 years old. I’ve dealt with so much since then—childhood sexual trauma, an eating disorder, and then substance abuse. I flunked out of school and went on medical leave to find treatment. Charlie Health was the first thing I found. It’s given me the emotional maturity to handle hard things, and I’ve gotten more emotional regulation, which is something I wish I had my entire life. The skills that I learned saved my life—my stressors are still there, but how I react is completely different. It feels so good to have agency over my emotions. That’s something I’ve never felt before.”

— Demi G., Charlie Health Alum

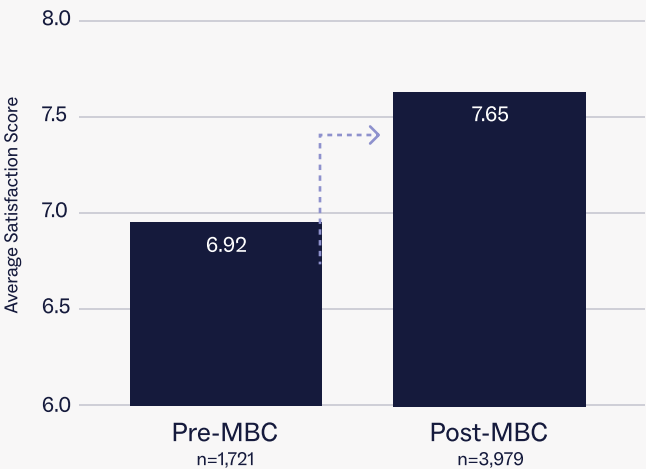
Measurement-Based Care (MBC)

Understanding symptom improvement is important for clinicians and operations, but it’s also empowering for clients. Since our founding, we’ve embraced measurement-based care (MBC), guiding clients to complete the World Health Organization Well-Being Scale (WHO-5) at each individual therapy session. This approach allows us to consistently track and support their healing journey. This year, we significantly expanded our MBC initiatives.

Now, in addition to the WHO-5 scale, all clients answer questions about anxiety symptoms, depression symptoms, and quality of life measures on a weekly basis. They then review data-driven insights with their Primary Therapist to help them visualize their improvements.

This approach has led to remarkable progress, including significant reductions in symptoms, increased treatment engagement, and higher client satisfaction. Satisfaction scores for individual therapy increased by 10% after our new and improved MBC process was launched, and weekly attendance increased from 78.86% to 81.50%

Average Client Satisfaction Score with Primary Therapist Pre- & Post-MBC

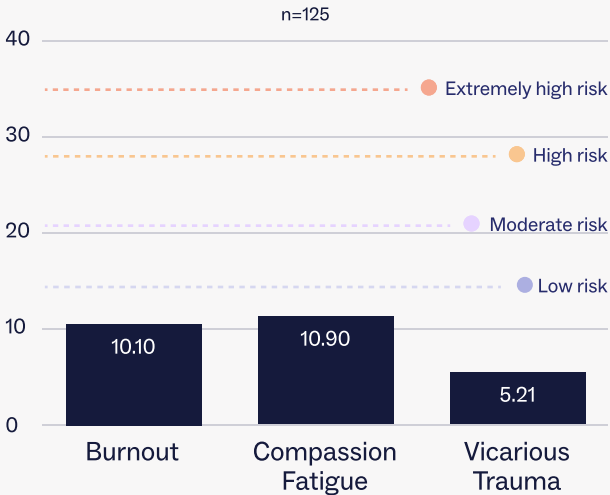


Clinician Well-Being

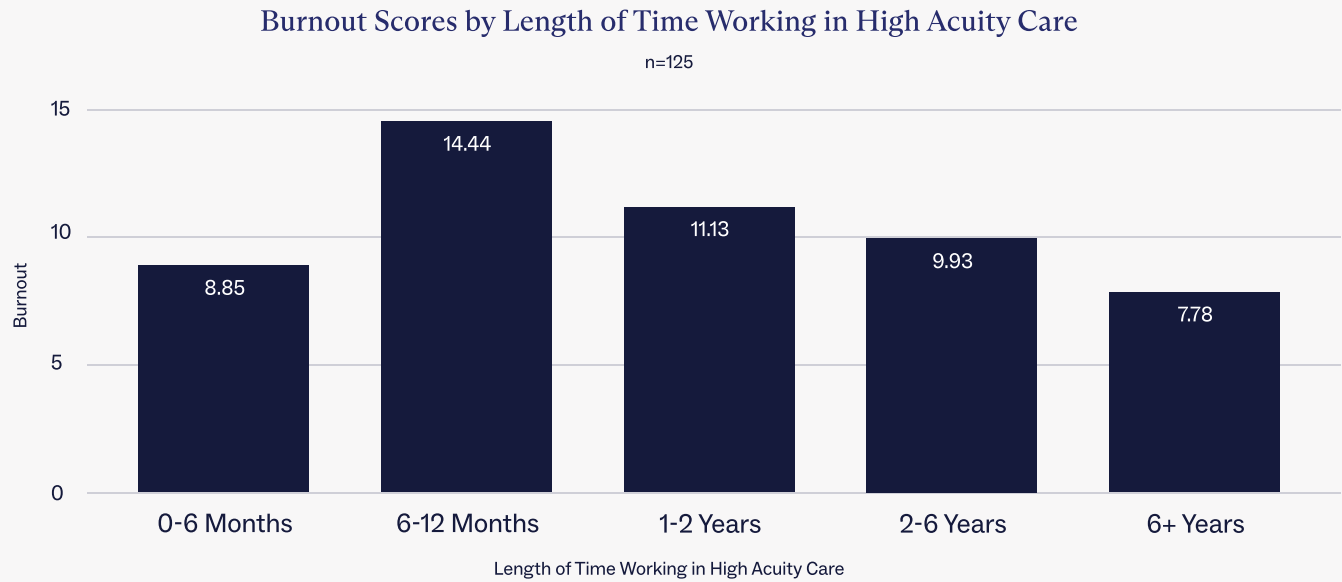
The mental health field is facing a workforce crisis, with providers leaving the profession at alarming rates.⁸ In this challenging environment, the dedication and expertise of our incredible staff of clinicians and mental health professionals are more vital than ever—none of the impactful outcomes in this report would be possible without them.

Recognizing this challenge, Charlie Health prioritizes our clinicians’ well-being, ensuring they have the resources they need to continue delivering exceptional care to our clients. To better understand and address the unique challenges faced by our team, we launched our first annual clinician well-being survey in 2024, which revealed exceptionally low rates of burnout, compassion fatigue, and vicarious trauma among our full-time Primary Therapist staff members.

Average Well-Being Scores



We've used the findings from this survey to improve the clinician experience at Charlie Health. After finding that clinicians new to high acuity care (<12 months experience) had the highest burnout rates, we provided them with extra support to prevent burnout. These initiatives included mentorship programs with established therapists, “Final Friday” wellness retreats, and trainings on compassion fatigue and self-care.



Finally, we looked into which self-care behaviors were associated with high rates of self-reported well-being and found that having a supportive structure and practicing mindful awareness were the two behaviors most likely to result in low burnout, compassion fatigue, and vicarious trauma rates. With this information, we were able to focus on fostering these skills within our clinical teams across the country.

“The clinician well-being initiative emphasizes a vital truth: the care I give myself directly impacts the care I provide to my clients, allowing me to remain fully present and effective in my role. This project strengthens my commitment to self-care, encouraging me to be more intentional in enhancing my personal well-being and boosting my confidence in managing the demands of our profession without burning out.”

— Elaina Donohoe, LCPC, CRC
Senior Primary Therapist

Part 2

Peer-Reviewed Research



Peer-Reviewed Research

2023-2024 Published Papers

Throughout 2023 and 2024, Charlie Health saw the publication of two peer-reviewed papers that demonstrate the efficacy of evidence-based, connective care as implemented in our virtual Intensive Outpatient Program (IOP). The following pages highlight critical findings from these studies.



The Positive Impact of Identity-Affirming Mental Health Treatment for Neurodivergent Individuals

Frontiers, July 2024

In recent years, neurodivergence has become a focal point of exploration and research, but many people with neurodivergent conditions still face a troubling lack⁹ of affirming mental healthcare—an approach that values identity and lived experiences rather than concentrating on reducing neurodivergent traits. For the considerable portion of Charlie Health clients surveyed for this paper who identify as neurodivergent (about 55%), research shows that providing neurodivergent-affirming diagnoses and treatment significantly improves mental health.

A study conducted from April to October 2023 with over 6,700 clients found that 61% of those with at least one neurodivergent condition started treatment with higher levels of depression, anxiety, and self-harm days than neurotypical clients. However, after completing Charlie Health's neurodivergent-affirming treatment, improvements in mental health symptoms were equitable for all clients, regardless of neurodivergent identity and diagnosis.

This research underscores the value of affirming clients' neurodivergent identity in mental health diagnoses and treatments. It specifically highlights the effectiveness of Charlie Health's neurodivergent-affirming care model, which incorporates individual and family therapy sessions along with peer groups that keep neurodivergent clients connected throughout treatment.

Measurement-Based Care in a Remote Intensive Outpatient Program: Pilot Implementation Initiative

JMIR, October 2024

To continuously advance our virtual programs, Charlie Health regularly implements data-driven quality improvement initiatives, including a recent series of two measurement-based care (MBC) pilots. MBC, which involves collecting client-reported data during treatment to make informed adjustments to treatment planning, has been shown¹⁰ to improve outcomes in mental healthcare—including at Charlie Health.

A study of these pilots, published in October 2024, found that MBC clients completed treatment at rates up to 29% higher than non-MBC clients and showed significant reductions in depression, anxiety, and psychological well-being symptoms. This study affirms the efficacy of MBC in Charlie Health's virtual treatment program for high acuity teens and adults, a clinical subset that has been largely overlooked in existing MBC research.

Notably, the study provides a roadmap for designing and implementing MBC programs in similar treatment settings. It highlights the importance of participant buy-in, with client survey completion rates reaching an impressive 86%. Also, quantitative clinician feedback improved between pilot one and pilot two, with more clinicians indicating they agreed with statements like, “I like using MBC,” and, “MBC adds value to my clinical practice.”

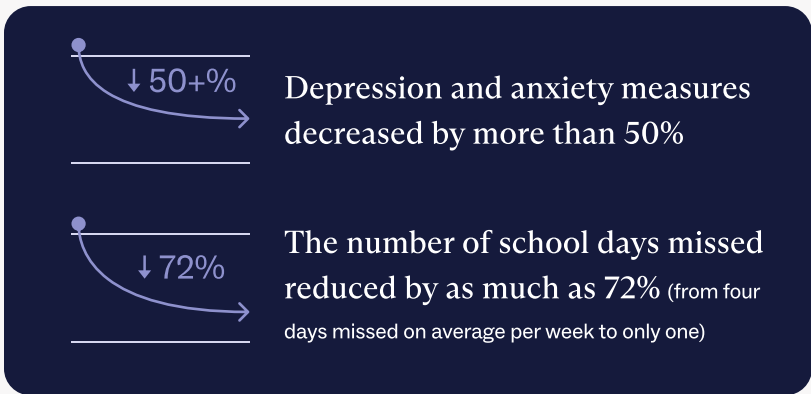


Ongoing Research

As part of Charlie Health’s commitment to evidence-based clinical quality improvement, the Research and Clinical Outcomes Team conducts ongoing analysis of client data collected at intake and discharge. This data informs our treatment strategies, program enhancements, and client success metrics. The following is a selection of key findings from analyses conducted in 2024.

Mental health issues make school harder, but Charlie Health helps students improve attendance and well-being.

Most of our adolescent clients are enrolled in school during the academic year, but [data gathered between September 2023 and May 2024 shows¹¹](#) that many struggle with absenteeism, which is closely linked to higher rates of depression and anxiety. However, following treatment with Charlie Health, adolescent clients saw the following improvements:



Charlie Health supports clients with substance use disorder (SUD) with specialized programming.

According to [data collected between January 2024 and June 2024¹²](#), about one-third (29%) of Charlie Health clients self-reported that they had used non-prescribed or illicit substances in the month prior to intake, with adult clients (aged 18 or over) reporting twice the amount of substance use as adolescent clients. These clients, regardless of whether they participated in our specialized SUD programming, received tailored support for their substance use and mental health issues. This includes access to resources such as relapse prevention skills, anger and emotional regulation skills, and psychoeducation about substance use. Here are their improvements by discharge from treatment:



Part 3

Looking Ahead



Looking Ahead

We've seen immense growth in our clinical programming over the last year and are nowhere close to stopping. In the ever-evolving field of mental healthcare, the ability to look forward and adapt is essential to meeting the needs of clients. As we reflect on our progress, we remain focused on the future, identifying opportunities for growth and innovation. By planning thoughtfully and pursuing initiatives that align with our mission, we aim to stay at the forefront of mental healthcare, ensuring that our clients and clinicians thrive in a supportive and dynamic environment.

Asynchronous Content

Our clients have shared that they are eager to progress along their healing journeys beyond their weekly sessions. To help accommodate this request, we've designed an asynchronous, self-paced dialectical behavior therapy (DBT) skills course for clients in our DBT cohort. This course provides video introductions to DBT concepts, instructions for coping skills, and short quizzes for clients to test their knowledge. Clients in non-DBT cohorts will have access to asynchronous courses for their respective curricula later this year.

Enhanced Outpatient Programming

Much like our virtual Intensive Outpatient Program (IOP) serves as a bridge from residential or inpatient care to traditional once-weekly outpatient treatment, our new Enhanced Outpatient Program (EOP) addresses the gap between IOP and outpatient treatment. EOP provides a structured framework that includes four hours of group sessions, one hour of individual therapy, and an optional hour of family therapy per week. When clients are ready, they can move again to a lower level of EOP with a further reduced two hours of group sessions per week. Designed as a step-down option from our virtual IOP, EOP helps clients transition from nine hours of weekly therapy to the typical single hour of weekly therapy, offering a smoother and more supportive reduction in care intensity. This program is currently in early pilot stages, and we are excited to gather further insights to continue to deliver innovative, client-first solutions.



Congruent Family Therapy (CFT) Curriculum

Extensive research underscores the critical role of family involvement in effective mental health treatment.¹³⁻¹⁵ To support this, we are developing a fully integrated family therapy curriculum, incorporating proven interventions that all clinicians will be trained to practice during their sessions. This curriculum emphasizes strengthening family connections through skill-based strategies, fostering safety and alignment within the family system, addressing conflicts, and repairing and enhancing attachment bonds.

Ongoing Emphasis on Clinician Well-Being

To ensure our clinicians can effectively and sustainably care for our clients, we use regular well-being surveys to identify their needs and provide the resources and support required to help them thrive.

In the coming year, our annual clinician well-being survey will be expanded beyond full-time Primary Therapists to include all staff who work in a clinical capacity, including:

- Primary Therapists
- Group Facilitators
- Care Coaches
- Crisis Managers
- Clinical Admissions Therapists
- Clinical Administrators
- Psychiatrists

Improved Technology


We've seen a huge leap forward in the capabilities of artificial intelligence and machine learning programs over the last year,¹⁶⁻¹⁷ and we believe that these tools can be utilized in mental healthcare to improve treatment, reduce administrative burden on clinicians, and increase overall satisfaction with programming.



Meet Charles

Administrative burden is a well-documented contributor to clinician burnout.¹⁸⁻²⁰ To address this, in 2024, we introduced an AI scribe for all Primary Therapists, helping them streamline the process of completing treatment notes. To ensure client data safety and confidentiality, our teams designed this feature to fully comply with HIPAA standards and securely store data.

In the coming year, we'll integrate Charles into group sessions as well.

**Charles**
Virtual Scribe (he/him)

Charlie Health AI

Hello! I'm Charles, your virtual scribe. I'm here to help you write your progress note.

How it works

1

At the start of your session, click "Record to Cloud" in Zoom.

2

After the session ends, the recording will begin processing. This typically takes 30 minutes.

3

Refresh this page to see a summary of your session.

First time recording a session with this client? Check out [this guide](#) with talking points to use with your client.

Primary Therapist Feedback to Charles

- "The one big pro for me is the fact that, at the end of each session, you receive a beautifully organized and summarized breakdown of your session notes. I've been very pleasantly surprised that they are very accurate. They've saved me tons of time on documentation."
- "I've been able to be fully present with clients and 100% engage with them without worrying about making sure I'm typing away."
- "Charles is a game-changer."
- "I'm blown away. This has been so huge for my personal mental health."

Future Research

As we reflect on this year's research, we're already setting our sights on future publications aimed at addressing critical gaps in mental healthcare access. Our work will continue to explore how virtual treatment can play a transformative role in bridging these disparities.

The need for such innovation is clear. Preliminary findings from a forthcoming research paper reveal that a significant percentage of individuals live more than 15, 30, 45, or even 60 minutes away from in-person treatment programs. These geographic barriers underscore the urgency of expanding access through virtual care.

Beyond this research examining access, we'll be delving deeper into the complexities of mental health treatment at the individual level, focusing on the role of illness identity and the impact of intersectional identities on mental health outcomes. These findings will serve as the foundation for our next peer-reviewed publication, slated for later this year, as we remain committed to driving meaningful progress in mental healthcare.



Conclusion

In reviewing this year's outcomes, the power of connection is evident. From curated peer groups with people who share similar mental health challenges to evidence-based family sessions, Charlie Health's foundation of personalized, client-first care has proven transformative across tens of thousands of individual journeys. As detailed in this year's report, our virtual treatment programs are a space where clients feel seen and heard, leading to measurable improvements in anxiety, depression, self-harm rates, and more.

In 2024, Charlie Health's commitment to connection also extended to our clinicians and clinical model. We expanded clinician well-being initiatives, ensuring that our dedicated providers receive the support they need to maintain resilience and compassion in their roles. Meanwhile, our measurement-based care (MBC) pilots demonstrated how feedback-driven, collaborative treatment can improve client engagement and outcomes—a model we aim to expand in the year to come.

Charlie Health remains dedicated to pushing the field of virtual mental health forward through innovation, inclusivity, and transparency—all while centering connection. By championing a culture of data-driven quality improvement that puts clients first, we hope to inspire others in the industry to adopt similar standards, enhancing life-saving mental health treatment for all.



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