



2025 Annual Outcomes Report

Evaluation of Impact & Key Findings

2025

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

Across the country, people in mental health crisis are waiting for support — in emergency rooms, in classrooms, in doctors' offices. And far too often, that help never comes.

People of all ages are struggling. Data from the CDC show that nationwide rates of depression have increased 60% among adolescents and adults in the last decade alone.¹

Behind each data point is a person. A parent navigating insurance barriers. A child experiencing severe anxiety for the first time. A young adult turning to substances to cope while waiting for an appointment.

At Charlie Health, we believe that each of these people deserves personalized, evidence-based treatment that is grounded in connection. This belief guided our work over the past year. We expanded our reach to 40 states, broadened our services to include substance use disorder treatment, and continued serving the underserved populations who need care most — across every stage of life.

Most importantly, people got better — and their progress lasted. Clients reported meaningful reductions in depression, anxiety, self-harming thoughts, and suicidal ideation. They saw improvements not just in clinical symptoms, but in their ability to function and thrive in daily life. And the vast majority maintained those gains without stepping up to a higher level of care, a testament to the durability of the treatment we provide.

Thank you to every clinician, partner, and family who helped move our work forward. As we look ahead, we remain committed to expanding access to care and shaping a system where people can receive the help they need when they need it.



With gratitude,



Dr. Caroline Fenkel, DSW, LCSW

Executive Summary: 2025 Impact

Clients came to Charlie Health during some of the most difficult moments in their lives, seeking support and a path forward. By the end of treatment, they experienced relief from symptoms, greater ease in daily life, and progress that continued well beyond treatment.

Symptom improvement

Personalized, responsive care delivered meaningful change

90%

of adults see decreased depression

89%

of teens see improved anxiety

88%

of adults see reduced self-harm days

Functional improvement

Healing showed up in everyday life for clients

8 in 10

clients reported improvement in mood, energy & life engagement (WHO-5)

3 in 4

clients reported improved school/work attendance

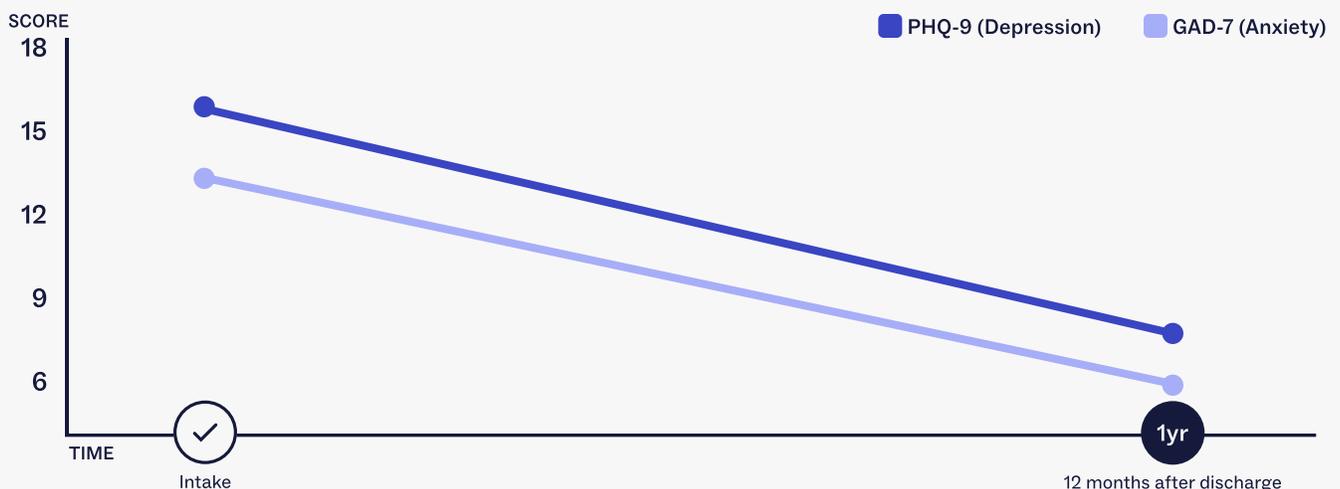
1 in 2

clients reported improvement in hygiene & sleep

Lasting results

Long after treatment ended, clients continued to thrive

One year after completing treatment at Charlie Health, clients maintained a 43% reduction in depression symptoms and a 40% reduction in anxiety symptoms.





Introduction

The problem: rising mental health needs and ongoing system strain

People of all ages are struggling

Across the country, people are facing serious mental health challenges. Everyday stressors — from social media and economic pressures to political uncertainty and the lingering effects of the pandemic — are leaving many feeling anxious and overwhelmed.

The impact is visible across age groups. Young adults experience the highest rates of major depressive episodes compared to other age groups, children and teens report persistent stress and anxiety, and older adults are seeing rising rates of depression, trauma-related symptoms, and suicide attempts. These patterns underscore the sustained and widespread need for accessible, high-quality behavioral healthcare.

#2

Suicide is the second leading cause of death for people ages 10-34²

32%

of adolescents report struggling with an anxiety disorder³

13%

of adults have experienced a major depressive episode³

129.6M

people live in mental health provider shortage areas⁴

< 40%

of the mental health professionals needed to meet demand are available⁴

A system that can't keep up

The behavioral healthcare system remains under-resourced. As more people struggle with their mental health, too many cannot access the care they need. Emergency departments see persistently high mental health-related visits, and more than 129 million people live in designated mental health provider shortage areas. In most states, fewer than 40% of the mental health professionals needed to meet demand are available, leaving individuals and families waiting when support is most necessary.

Expanding access to quality care that works with Charlie Health

As demand for behavioral healthcare continues to rise for people across the lifespan, persistent workforce shortages make timely, high-acuity care difficult to access. The result: Long waitlists and limited specialty services leave many individuals without the level of support they need.⁵

Charlie Health was built to close this gap. What began as a solution for young people ages 11–34 has expanded to serve individuals ages 8–64 facing serious mental health conditions, substance use disorders, and co-occurring disorders. Today, we are the nation’s leading provider of virtual high-acuity behavioral healthcare, delivering evidence-based treatment for children, teens, and adults nationwide.

The cornerstone of our treatment offerings is our virtual Intensive Outpatient Program (IOP), which supports those with moderate to high-acuity needs through structured, clinically rigorous care. Through expert-led group sessions, individualized therapy and psychiatry, and measurement-based care, we help clients achieve meaningful, lasting improvement. Charlie Health now operates in 40 states and is in-network with more than 300 commercial and Medicaid health plans.

Everything we do is guided by a single goal: to reduce lives lost to suicide and overdose. As need continues to grow, we remain focused on expanding access and delivering measurable outcomes at scale.

Our mission

Connect the world to life-saving behavioral health treatment.

Our values



Connection

Care deeply and inspire hope.



Congruence

Stay curious and heed the evidence.



Commitment

Act with urgency and don't give up.



Charlie Health in 2025

Designing care for every stage of life

In 2025, we expanded treatment to serve clients ages 8-64, designing specialized programs for kids, teens, and adults. Each program reflects the developmental realities of that life stage — from how symptoms present to how participants learn, communicate, and engage in care.



Charlie Health Kids

- Mental Health

Through age-appropriate group sessions and caregiver involvement, we help children build coping skills, emotional awareness, and stability.



Charlie Health Teens

- Mental Health
- Substance Use Disorders

Combines peer connection, clinical expertise, and family involvement to reduce symptoms, support safety, and promote long-term resilience.



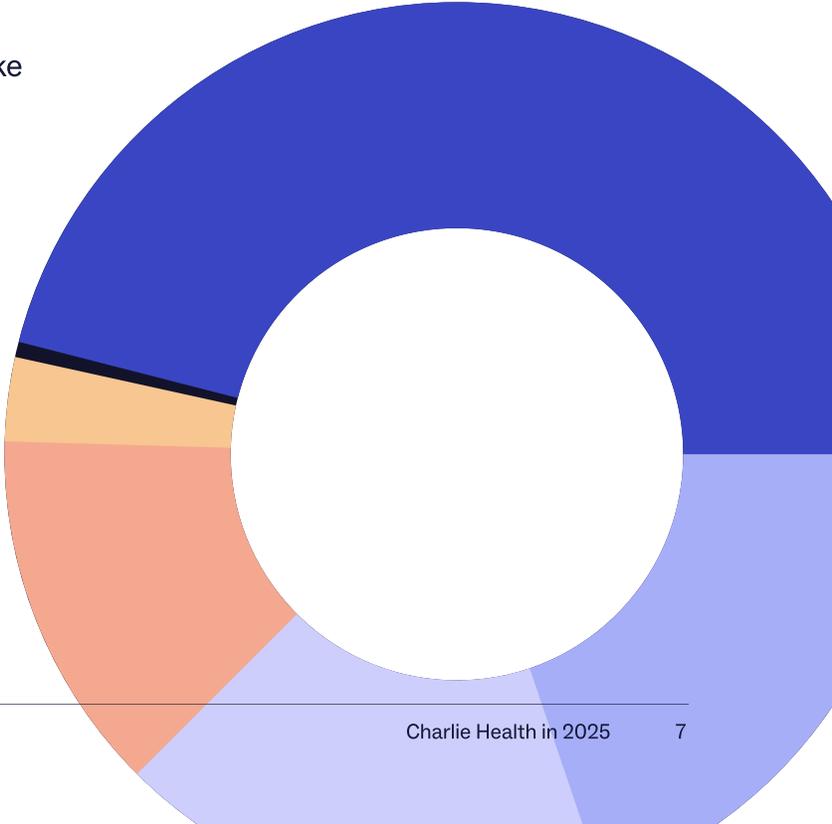
Charlie Health Adults

- Mental Health
- Substance Use Disorders

High-acuity, personalized treatment for adults navigating mental health conditions and co-occurring needs alongside life's many responsibilities.

Since expanding our age range, adults now make up more than half of all clients — a clear signal that our model is addressing previously unmet needs. What began as a solution for younger populations is now filling critical gaps in care across the lifespan.

2025 age distribution



Expanding substance use treatment



In 2025, Charlie Health formally launched a first-of-its-kind intensive outpatient SUD program designed to meet clients where traditional treatment has long fallen short.

Substance use disorders affect about 20 million people in the United States, yet fewer than 1 in 10 individuals receive care through a specialized substance use program.^{6,7}

Charlie Health is changing that. Built on the same foundation of personalized, evidence-based care that defines our mental health programming, our SUD Program was developed to address the full complexity of addiction.

Effective recovery looks different for everyone. Our SUD program is built to reflect that:

- **Options for recovery:** Charlie Health supports both harm-reduction and abstinence-based pathways, meeting clients wherever they are in their recovery journey and goals.
- **Age-specific models:** Charlie Health offers separate teen and adult treatment tracks, each with clinical approaches tailored to that population's unique developmental needs and challenges.
- **Co-occurring condition treatment:** Charlie Health integrates mental health and substance use treatment, recognizing that addiction is often driven by underlying conditions like depression, trauma, and anxiety.
- **Designed for real life:** Programming is delivered on flexible schedules, allowing clients to remain engaged in school, work, and family life throughout treatment.
- **Multi-layer accountability:** Clients focused on full sobriety receive at-home drug testing and/or breathalyzer, and every client is paired with a peer recovery coach to support change and accountability.
- **Family-centered recovery:** We treat families as essential partners in the recovery process, offering integrated treatment planning, dedicated support groups, and family therapy sessions.

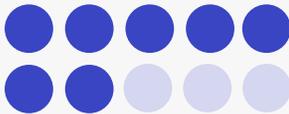
Reaching individuals most in need

Clients arrive at Charlie Health facing some of the most serious behavioral health challenges.

70% begin treatment with moderate to severe depression, and 62% with moderate to severe anxiety. One-third report suicidal ideation in the week before starting care, and 40% of all clients have attempted suicide at least once. Charlie Health clients are also three times more likely to have a prior self-harm diagnosis at intake than clients admitted to other IOPs. These realities reflect the level of acuity our clients are facing when they reach Charlie Health. Our model is built to meet them in those moments.

3x

more likely to have a history of self-harm at intake compared to clients at other IOPs



7 in 10 clients had moderate or severe depression at intake



2 in 5 clients reported a suicide attempt prior to intake

Serving marginalized populations

Many individuals with marginalized identities or neurocognitive differences report feeling misunderstood or underserved in behavioral healthcare settings, which results in lower engagement and more significant unmet needs.⁸

Charlie Health continues to support these client populations by designing care that adapts to different identities, communication styles, and lived experiences. In 2025, about one-third (32%) of clients reported a sexual orientation other than heterosexual, and 44% identified as neurodivergent.

These figures reflect not only who we serve today, but the populations we remain committed to supporting through affirming, specialized care.

LGBTQIA+ clients in 2025

32%

Neurodivergent clients in 2025

44%



Meaningful Change Across Ages and Conditions

Our approach to measurement

Data helps us understand what's working and where we can improve.

At Charlie Health, measurement is woven throughout each client's journey.

Care begins with a comprehensive intake survey that captures symptoms, clinical history, functioning, and lived experience. From there, we continue gathering data throughout treatment through a measurement-based care model that enables clinicians to track progress and adjust care plans as needs evolve.

While traditional indicators like the PHQ-9 and GAD-7 are core measures for us, we know that healing and recovery extend beyond these scores. True progress includes improvements in safety, daily functioning, and overall stability. Rather than viewing these signals in isolation, we integrate them into a cohesive understanding of each client's overall functioning. This broader perspective helps identify meaningful patterns, surface early signs when additional support may be needed, and ensure care remains responsive and personalized.

Measurement at Charlie Health is not solely quantitative. Clients also share ongoing qualitative feedback on their treatment experience. These conversations strengthen the therapeutic relationship and provide important context about what is working and where adjustments may help.

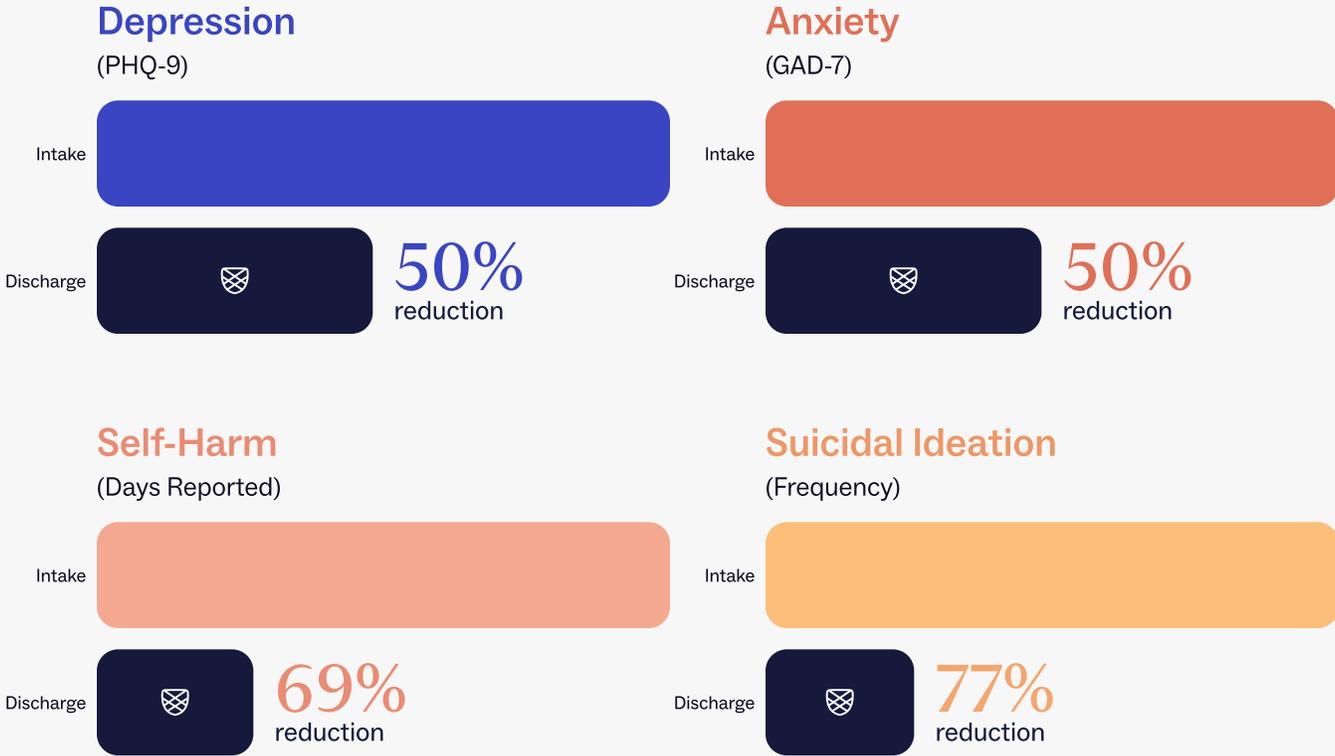
The results in this report draw on 2025 data from routinely discharged clients, reflecting another year of care delivered through this comprehensive approach.



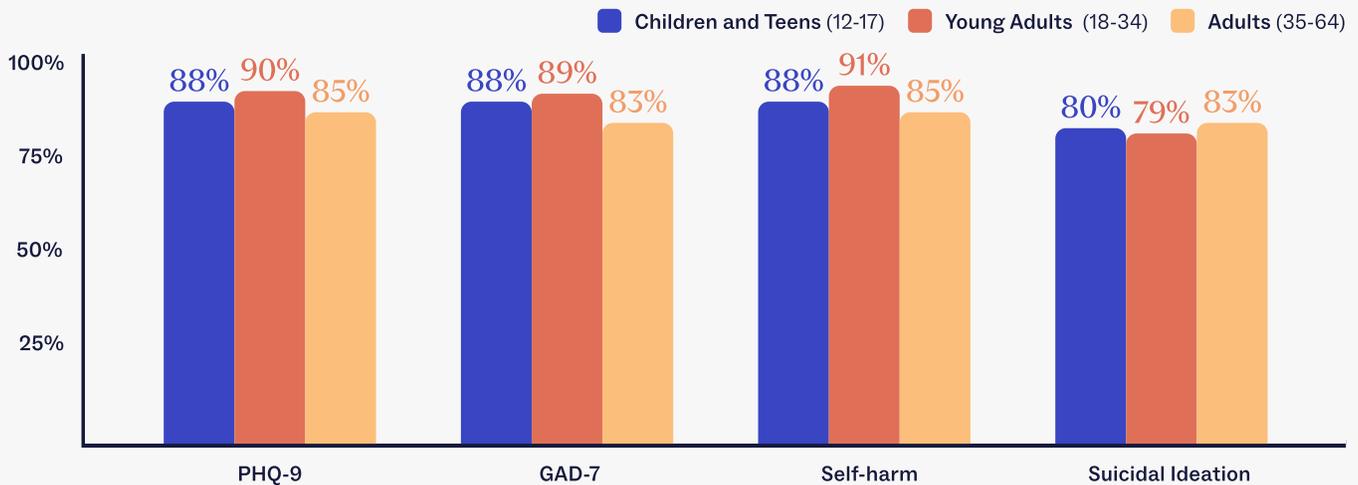
Clinically meaningful improvement across age groups

Clients receiving care through Charlie Health’s Mental Health Program demonstrated meaningful clinical improvement in 2025, with measurable reductions in anxiety, depression, self-harm, and suicidal ideation.

Across age groups, clients saw depression and anxiety symptoms decrease by 50% by discharge (as measured by the PHQ-9 and GAD-7). And almost all clients who started treatment with moderate to severe anxiety and depression symptoms left treatment with improvements (up to 90% and 89%, respectively) — outcomes that are at the high end of published industry benchmarks.⁹ These results reinforce the strength of our clinical model and motivate our continued investment in high-acuity care.



Percent of clients seeing a decrease in their PHQ-9 score, GAD-7 score, suicidal ideation, and self-harming behaviors.



Outcomes were exceptionally strong for young adults: roughly 9 in 10 saw their depression and anxiety levels drop by discharge, marking the highest improvement rates across all age groups. Children and teens (ages 12-17) also made meaningful gains. 88% saw their depression scores decrease, while 78% saw them drop by at least 5 points by the end of treatment — marking a clinically significant improvement. These score reductions substantially exceed recent IOP benchmarks, including a Cleveland Clinic report in which only 4 in 10 (43%) adolescents demonstrated a comparable 5-point improvement.¹⁰ Taken together, this data adds to the evidence that virtual IOP is an effective and developmentally appropriate treatment model for younger clients.

Some of the largest gains across age groups were observed in safety-related outcomes. Among clients reporting self-harm at intake, 85-91% showed improvement by discharge across age groups. Similarly, 79-83% of all clients reporting suicidal ideation at intake report being in remission from suicidal ideation at discharge. For families and providers, these outcomes reflect greater safety, stabilization, and reduced risk during periods of high acuity.

Charlie Health saved my life. I was in a really dark place before starting and was not sure I would ever be able to get out of it. After completing Charlie Health, I have found so many ways to cope with my anxiety and depression that I can now use every day.

-Logan J., 28

Exceptional outcomes for underserved populations

Marginalized populations face profound barriers to accessing mental healthcare. In maternal mental health, a staggering 75% of those experiencing perinatal mental health conditions go completely untreated and undiagnosed.¹¹ LGBTQIA+ individuals are 2.5 times more likely to experience depression and anxiety, yet face limited access to affirming care.¹² And many mental health providers report feeling ill-equipped to support neurodivergent clients, leaving this population underserved.¹³ Charlie Health is working to change this reality.

Across our identity-specific cohorts, the vast majority of clients experience meaningful reductions in depression and anxiety symptoms. More than 80% of LGBTQIA+, maternal mental health, and neurodivergent clients show improvement in GAD-7 scores, and over 85% see improvement in PHQ-9 scores. These outcomes prove that when barriers are removed and care is tailored to lived experiences, exceptional outcomes are possible.

Improvement rates across identity-specific cohorts

	Depression (PHQ-9)	Anxiety (GAD-7)
LGBTQIA+	88%	89%
Maternal Mental Health	86%	92%
Neurodivergent	85%	81%

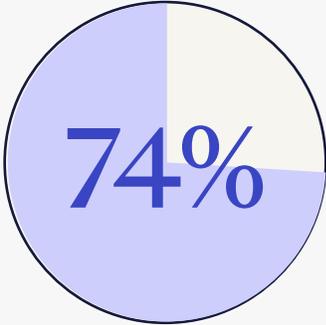
“The LGBT group I was assigned to became a huge source of support. For the first time in a long time, I felt heard, seen, and understood, and not alone. I now feel hopeful and energized – like the world has so much more to offer than I ever imagined.”

Alesa L., 28

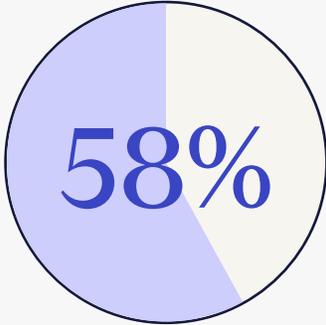
Decreasing substance use while also treating underlying drivers

Clients in our SUD program made meaningful progress on both their substance use and mental health symptoms, whether their goal was to cut back or stop use completely.

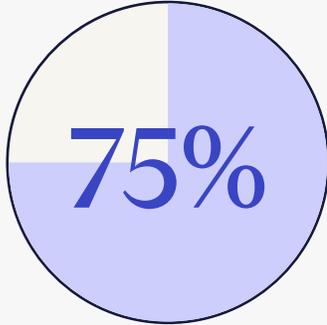
Across both abstinence-based and harm-reduction pathways, alcohol use decreased by 74%, and overall substance use declined by 58% from intake to discharge, with more than 75% of clients reporting improved control over their use.



Decrease in alcohol use per client



Decrease in substance use per client



Clients reporting improved control over alcohol & drug use

This improvement remained true across age groups. Roughly 6 in 10 teens (62%) who started treatment using drugs weren't using any substances at discharge. The improvements were even more significant for alcohol use: About 7 in 10 teens (71%) struggling with alcohol abuse had stopped drinking alcohol at discharge.

Teens who stopped using drugs

62%

Teens who stopped drinking alcohol

71%

The impact extended beyond substance use itself. Teen and adult clients saw improvements in their depression symptoms by up to about 60%, and older adults showed up to 50% reduction in symptoms, highlighting progress on the emotional drivers that often contribute to substance use. Among all substance use disorder clients reporting self-harming behaviors at intake, self-harm frequency decreased by 87%, and 69% of clients with a substance use disorder diagnosis saw a meaningful reduction in suicidal ideation.

Depression improvement

55%

symptom improvement for all SUD clients

No readmission to a higher level of care

91%

of SUD clients did not readmit within 6 months of discharge

Suicidal ideation reduction

69%

of all SUD clients

Self-harm reduction

87%

reduction in self-harm frequency

“I was always deterred from extreme abstinence programs, which were full of judgment to me. The harm reduction path allowed me to discover sobriety on my own terms. I am proudly 56 days sober. If it were not for the connection with my group members, the support of my group facilitators, and my 1:1 therapist, I would not be where I am today.”

Alison K., 36

Beyond symptom relief: meaningful gains in daily life

Clinical symptom reduction is only one part of mental health recovery. National research shows that depression and anxiety are strongly associated with disrupted sleep, poor appetite, difficulty maintaining personal hygiene, and reduced productivity at school and work — all markers of impaired daily functioning that significantly affect long-term health and quality of life.¹⁴ The World Health Organization (WHO) further emphasizes that mental health conditions are a leading cause of disability worldwide, not simply because of emotional distress, but because of their impact on people’s ability to function in everyday life.¹⁵

At Charlie Health, improvements extend beyond mental health symptom scores. Among clients who reported challenges with basic daily activities at intake, more than half experienced measurable gains by discharge — including improved sleep, appetite, and personal hygiene routines. Nearly three-quarters of those who were missing school or work reported improved attendance, reflecting meaningful progress in real-world engagement.

We also measure overall well-being using the WHO-5 Well-Being Index, a validated tool developed by the WHO that assesses positive indicators of mental health such as energy, calmness, and interest in daily life. Among clients whose well-being scores were at risk at intake, 83% showed improvement by discharge. Together, these findings demonstrate that intensive, tailored care supports not only clinical stabilization, but meaningful restoration of daily functioning and quality of life.

Improvements by discharge

83%

of clients reported improvements in mood, energy, and life engagement, as measured by the WHO-5

53%

of clients reported improved sleep

73%

of clients reported improved school or work attendance

53%

of clients reported improved showering habits

56%

of clients reported improved appetite

53%

of clients reported improved teeth brushing

Improvement that lasts

The true measure of treatment isn't just symptom improvement at discharge — it's what happens next.

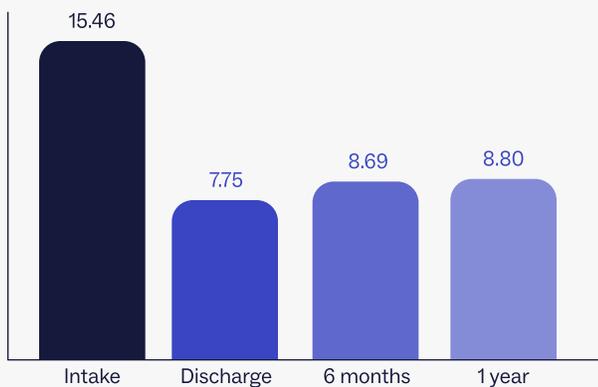
Recovery isn't a moment, it's a trajectory.

At Charlie Health, clients leave treatment better than when they arrived, and the results hold over over time. At six months, depression symptoms remain down 44% and anxiety down 42%.

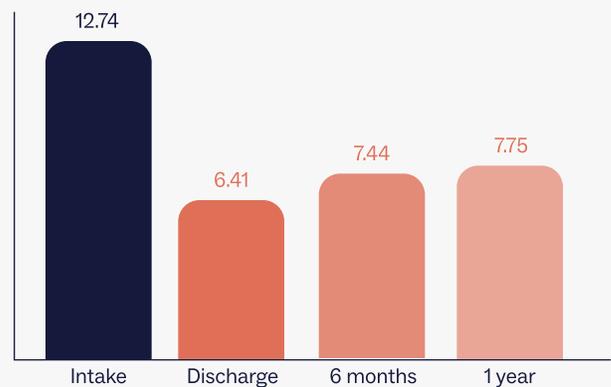
One year later, clients are still thriving. They see depression down 43%, anxiety down 40%, and days of self-harm down 80%. Critically, three in four clients (75%) are in full remission from suicidal ideation a year after discharge.

These aren't just statistics, they represent real people reclaiming their lives, their relationships, and their futures. The numbers tell a powerful story: healing with Charlie Health lasts.

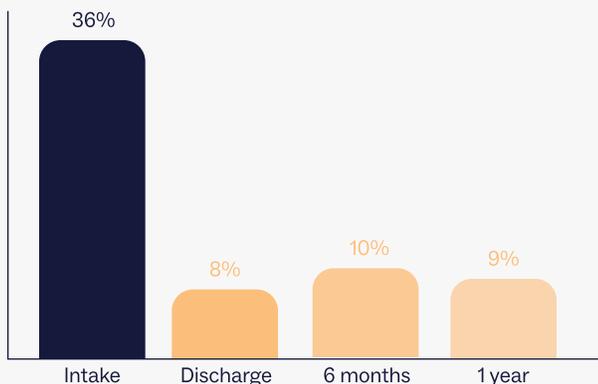
PHQ-9 Score



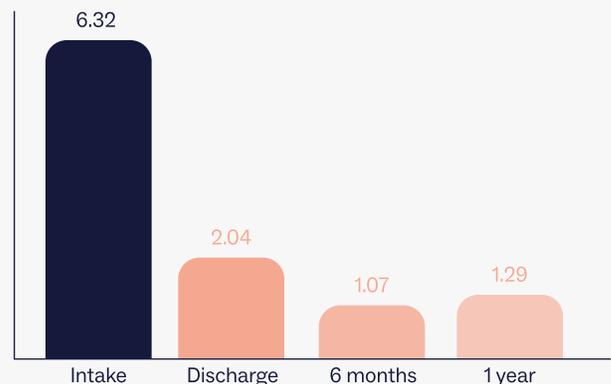
GAD-7 Score



Clients with Suicidal Ideation



Self Harm Days



Breaking the cycle of readmission

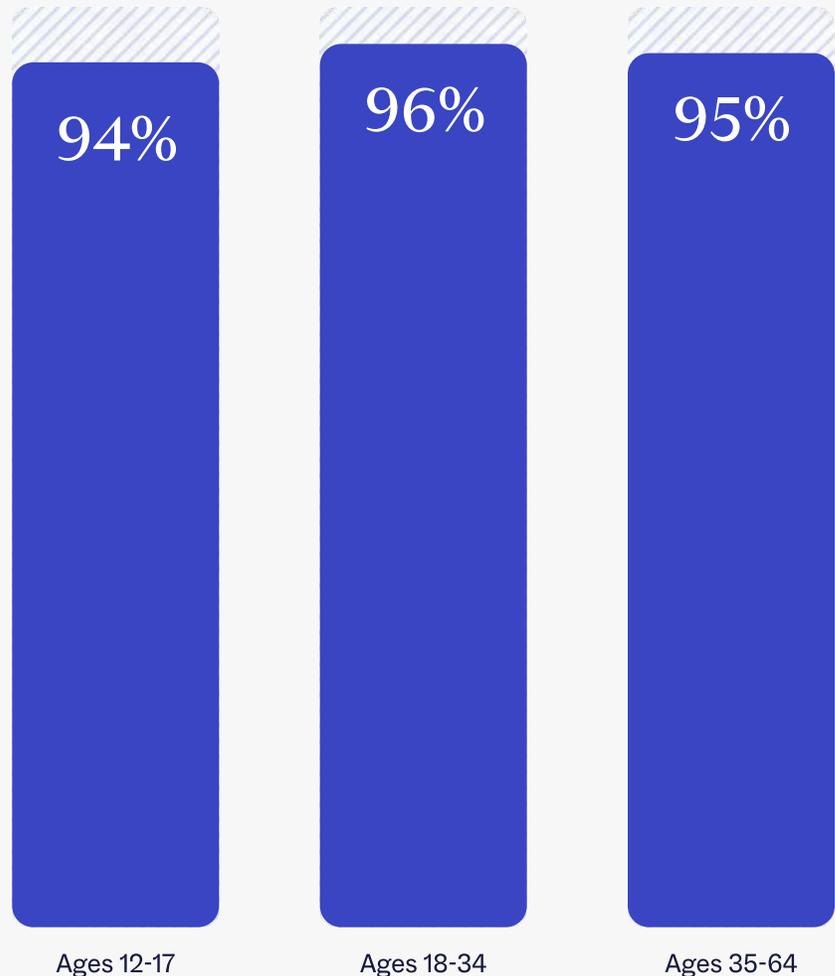
Across traditional behavioral health settings, people who complete residential or inpatient treatment often return to similar levels of care, a pattern that reflects systemic gaps in stabilization and post-discharge support. National data show that psychiatric readmission rates frequently exceed 20–30% within six months of discharge, with roughly 1 in 4 adults readmitted within a year after psychiatric hospitalization.¹⁶

Charlie Health's treatment helps interrupt that cycle. In 2025, the vast majority of clients routinely discharged from Charlie Health reported that they did not require readmission to a higher level of care within 6 months of discharge, with readmission rates ranging from 4-6% across ages.

By delivering a high-acuity care option that allows for better group connection and support for clients during and after discharge, we reduce the likelihood that individuals need to step back up to intensive care after completing treatment.

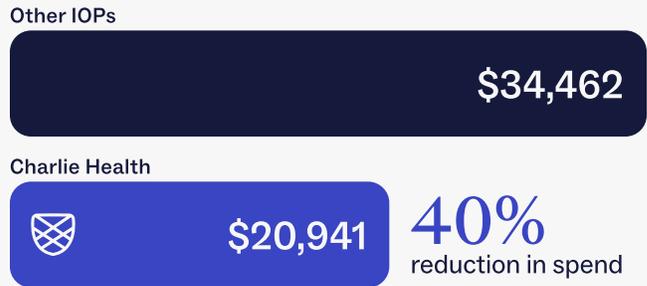
Reduction in readmission rates

Percentage of routinely discharged clients with a previous inpatient or residential stay who did not report a higher-level care admission within 6 months after discharge.



Lowering costs through lasting stability

Delivering long-term healing for our clients isn't just a clinical win — it's a financial one, too. An internal analysis of third-party healthcare claims data suggests that treatment with Charlie Health may yield significant cost savings for clients, insurers, and healthcare systems.



It is both a mental health and financial risk to discharge from intensive care without starting an IOP. Roughly 4 in 10 people (41%) in this position return to intensive treatment within a year, resulting in more than \$35,000 in behavioral healthcare claims. Transitioning to a non-Charlie Health IOP resolves the mental health risks for nearly half of people (only 23.7% return to intensive treatment within a year), but these individuals still accrue about \$34,462 in healthcare claims the following year.

By contrast, people who enrolled in Charlie Health's IOP after intensive treatment experienced similarly low readmission rates and even lower healthcare claims costs. On average, these clients saw just \$20,941 in healthcare spend the following year — 40% less than those who sought care from a non-Charlie Health IOP. Ultimately, Charlie Health provides the clinical stability patients need at a substantially lower total cost of care.



This cost-saving pattern holds across every population we serve. Compared to people who sought care with another IOP, our programs reduce behavioral healthcare claims in the year following treatment by more than \$11,000 for children and teens, over \$13,000 for young adults, and nearly \$10,000 for adults.

Positive outcomes for clinicians

High-quality care starts with clinicians who feel supported, energized, and able to do their best work. This year's data reflects strong clinician well-being and a sustainable model of care at Charlie Health. Stable caseloads, structured supervision, and ongoing training help prevent burnout, while AI-enabled workflow tools reduce administrative burden — allowing clinicians to focus more fully on meaningful, high-impact client care.

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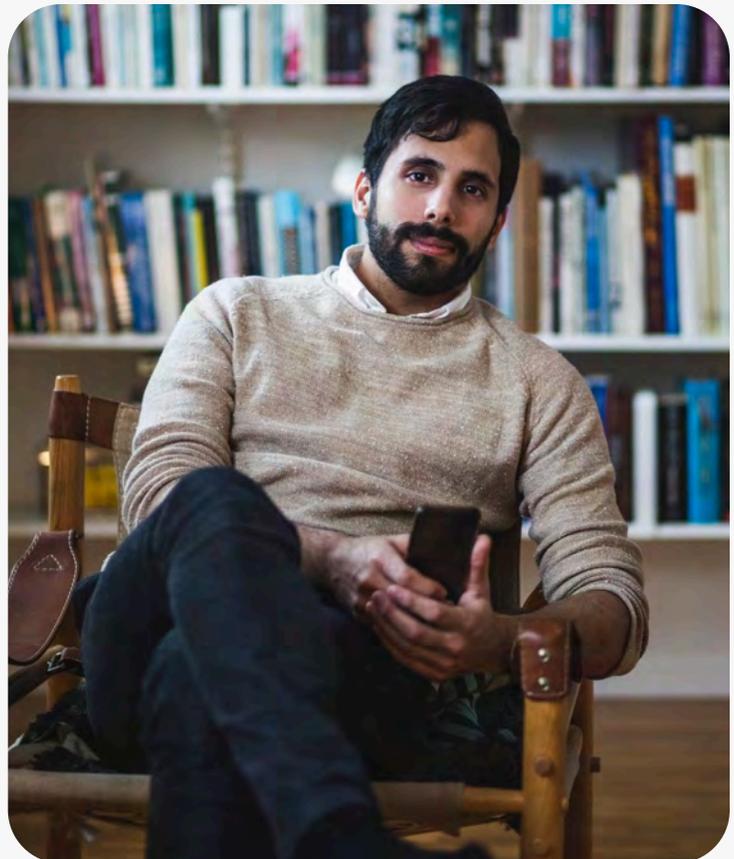
Net Promoter Score in 2025
↑ from ~40 in 2024

91%

of clinicians feel satisfied with
their role at Charlie Health

94%

of clinicians feel supported by
their supervisors



Advancing the Mental Health Field

We pair clinical innovation with rigorous research — creating new measurement tools, publishing peer-reviewed findings, and contributing evidence that strengthens behavioral healthcare nationwide.

Improving the quality of care in group sessions

Every group session at Charlie Health contributes to our broader learning system. We track and analyze engagement patterns, such as facilitator and client talk time, how group members interact, and how curriculum is utilized, to better understand what drives meaningful participation and therapeutic progress.

This continuous learning model, powered by millions of data points, functions as a quality improvement tool. All of our group facilitators regularly receive a composite score rooted in client outcomes and engagement metrics. This allows us to identify strengths, recognize high-impact facilitation practices, and provide tailored coaching where additional support may be helpful.

By pairing real-time engagement insights with clinical expertise and thoughtful trainings, we are able to continuously elevate the group experience and improve the quality of our care.

Advancing clinical research on care for neurodivergent populations¹⁷

To provide truly personalized mental healthcare, we need to understand not just a clinical diagnosis, but who people are and how their lived experiences shape their needs. This study analyzed data from 14,219 clients treated over a one-year period, looking at how neurodivergence, gender, and sexual orientation interact to impact mental health symptoms and outcomes.

Researchers concluded that symptom severity varies depending on a client's unique combination of demographics, not just on diagnosis alone. For example, a client with neurodivergence who is also LGBTQIA+ may have more severe symptoms than someone who is neurodivergent and heterosexual. By demonstrating that these severity differences fade by discharge when care is responsive and affirming, the study highlights a critical pathway for advancing mental health treatment: personalization rooted in lived experience.

Rather than relying on one-size-fits-all treatment models, this research highlights the value of adapting care environments and therapeutic approaches to reflect clients' lived experiences, helping people feel understood and supported.

Examining the influence of caregivers on adolescent treatment outcomes¹⁸

Measuring an adolescent's symptoms alone does not always provide a complete picture of their clinical needs. Using data from 763 caregiver-adolescent pairs, this study examined how closely caregivers and adolescents agreed on depression and anxiety severity at intake, and how patterns of agreement related to treatment outcomes.

Caregivers and adolescents agreed on symptom severity only about half of the time. In cases of disagreement, adolescents showed greater improvement if caregivers initially perceived symptoms as more severe, suggesting that caregiver concern and engagement may actively support recovery.

These findings demonstrate how caregiver perspectives can be a meaningful clinical input to treatment. Researchers concluded that integrating both adolescent and caregiver input into assessment and care planning can strengthen collaboration and lead to better outcomes in adolescent mental health treatment.





Looking Ahead: Priorities for 2026

As demand for high-acuity behavioral health services continues to rise, we're focused on strengthening the parts of our model that drive long-term impact — research, clinical quality, continuity of care, and technology.

Illness identity and treatment outcomes research

We are investigating illness identity — how people incorporate mental health diagnoses into their sense of self — and whether this influences treatment response and recovery. Our goal is to develop approaches that help people relate to their symptoms with greater flexibility and hope.

Growth mindset in mental health research

Drawing on research in education and behavior change, we are examining whether a growth mindset — approaching treatment with curiosity, motivation, and belief in one's ability to change — predicts stronger or more sustained outcomes. Findings will inform how we integrate growth-oriented language, goal-setting, and skills-based frameworks into our clinical model to build client agency and support recovery.

Suicide risk detection and prevention research

We are advancing our suicide prediction and prevention research by identifying key risk markers across clinical, behavioral, and self-reported data. The goal is earlier, more accurate detection — informing the tools that empower clinicians to intervene before crises escalate, and strengthening our commitment to proactive, preventive care.

Elevating the client experience

In 2026, we will launch a redesigned onboarding flow that gives clients clear expectations for scheduling, cost, and care goals before their first session. Clients will have access to a self-service scheduling dashboard that reduces back-and-forth with staff and cuts onboarding time. We will also introduce supplemental engagement tools (such as structured skill-building activities between sessions) to help clients maintain traction week to week. Our goal is to make treatment not only effective but easier to navigate from day one.

Conclusion

The outcomes in this report represent more than metrics. They reflect moments when someone felt understood, when symptoms eased enough to breathe again, when a family found relief knowing support was finally in place. Across ages and diagnoses, clients made meaningful gains — and our clinicians showed up with skill, compassion, and consistency. Our referral partners, Alumni Program, and technology-supported care helped people access treatment earlier and stay connected through and after recovery.

As we look to the year ahead, we're focused on changes that make care feel more supportive and easier to navigate. We're refining how clients begin treatment, strengthening substance use pathways, and improving the transitions that matter most after discharge. We're learning, testing, and building based on what works — not in theory, but in the real lives of the people we serve.

Our mission remains clear. We will keep showing up with timely, high-acuity care that reaches people sooner, fits into real lives, and helps them stay supported long after discharge.

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