

Rula

2026

State of

Mental

Health

Report

The Spaces Between Us:

Navigating the Gaps, Traps, and
Barriers of Mental Health in America

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Introduction

The participation gap

“You’re not alone” is a common refrain in a culture that is increasingly aware of the importance of mental health. And yet, most Americans are lonely. According to the APA¹, more than half of U.S. adults feel isolated, left out, and stressed out by societal division. Between 2025 and 2026, reported loneliness increased by 8% — a modest increase on the surface, but a striking shift over just one year². We have become islands, and as the waters between us widen, we grow disconnected from the communities, individuals, and institutions that can help us find the support we need.

As a society, we broadly agree on the importance of addressing mental health challenges, but functional access still falls short. While support systems and care pathways do exist, awareness and understanding of how to navigate them remain limited, leaving too many people unable to access the help that’s available.

With the 2026 State of Mental Health report, Rula sought to understand why so many people still struggle to access the care they need, despite growing awareness of mental health’s importance. What will it take to close the gap between those who receive care and those who need it? Based on responses from more than 2,000 U.S. adults, the report reveals that the barriers that shape our mental healthcare decisions are both emotional and practical, manifesting as challenges within ourselves, as well as across our work, finances, and relationships.

¹ American Psychological Association. (2025, November 6). *Stress in America™ 2025*. ([Source](#))

² Rula. (2025). *2025 State Of Mental Health Report: Mental Well Being In A Changing World*.

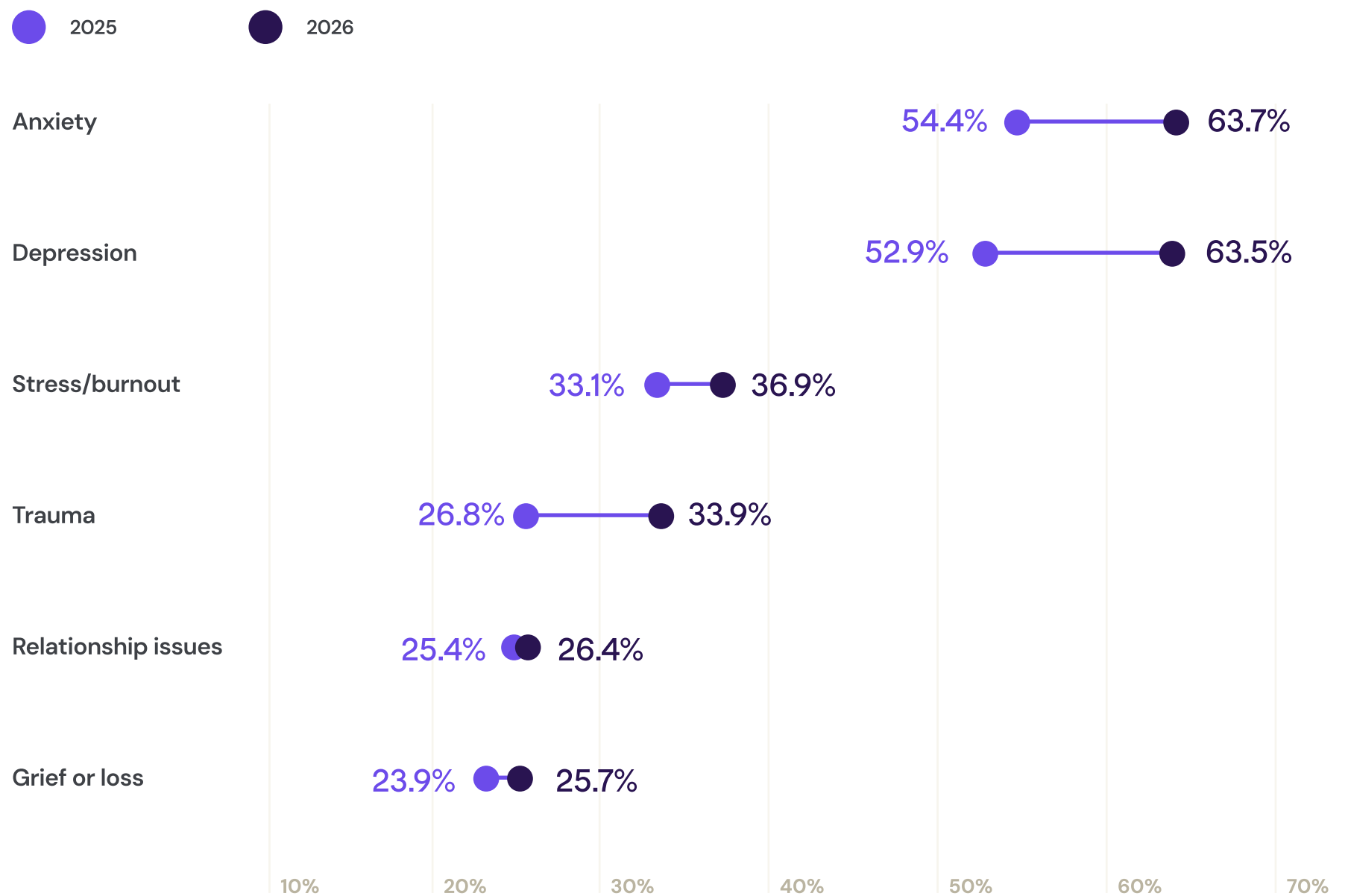
01

The attitude-behavior gap

About 1 in 4 Americans report having a mental health issue at some point in their lives.³

According to our surveys, the most common reasons people seek care include anxiety, depression, burnout, trauma, and grief. While these drivers appear consistent between the 2025 and 2026 State of Mental Health reports, the number of people experiencing these issues has, in some cases, increased by more than 10% over the past year. Anxiety and depression, in particular, rose by 9.3% and 10.6% between 2025 and 2026, according to surveys conducted by Rula.

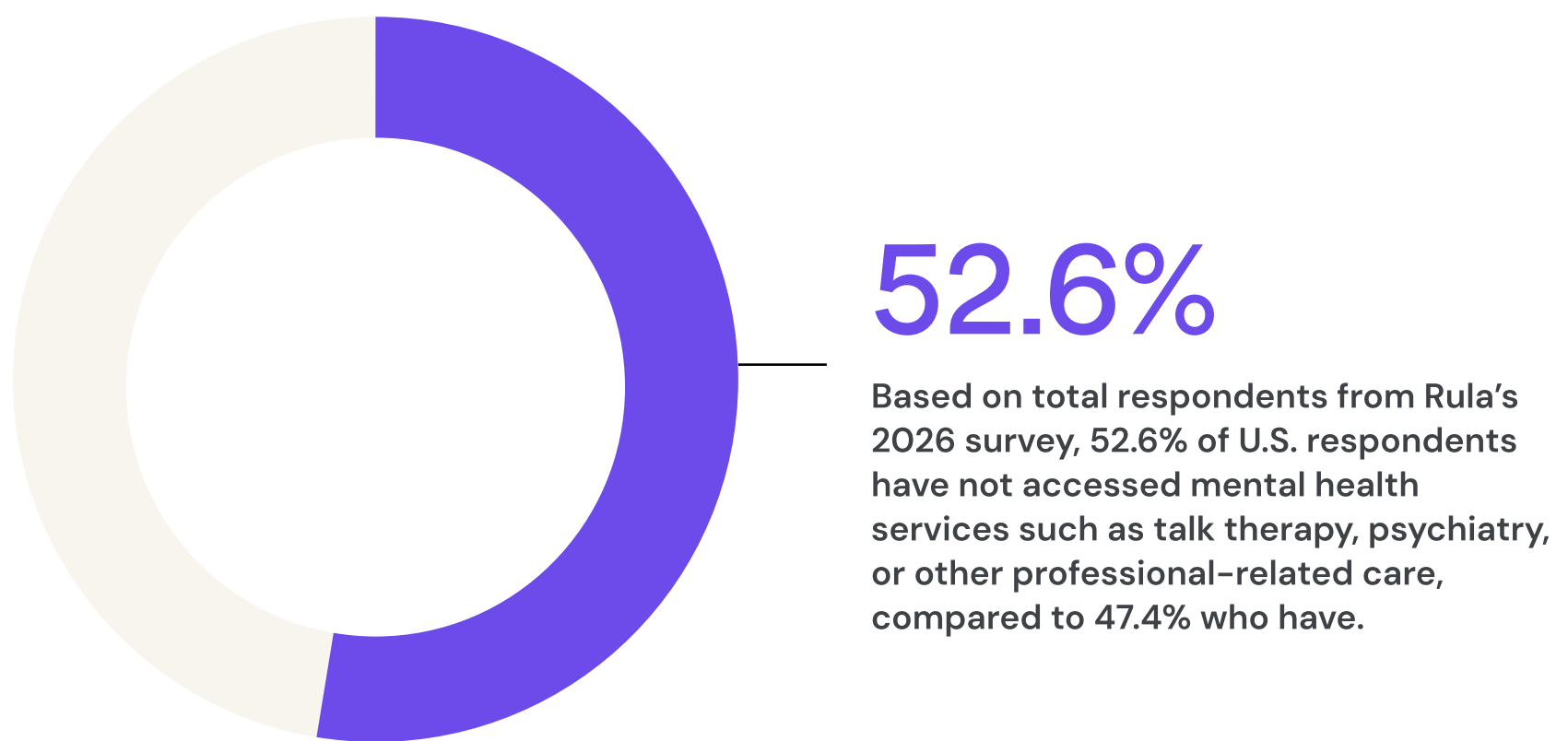
FIG 1 Reasons for accessing mental healthcare from 2025 and 2026



³ SAMHSA. (2024). *Key Substance Use And Mental Health Indicators In The United States: Results From The 2024 National Survey On Drug Use And Health.* (Source)

Use of mental healthcare services, however, is not keeping pace. Despite rising rates of depression and anxiety, reported access to mental healthcare has declined slightly from 50% in 2025 to 47.4% in 2026. Even among those without acute mental health concerns, therapy can be a path to personal growth and well-being.

FIG 2 Access to mental healthcare



The "stigma of thought" has diminished over the years: Therapy has a firm foothold in the collective consciousness, with 81% of Americans recognizing that mental health is important according to Rula's 2026 survey. But awareness alone isn't enough to encourage people to seek care. People know that therapy can help them. What they need now is the confidence to take that first step.

However, it's not solely an issue of willpower. Our research reveals that the top two barriers to care continue to manifest for Americans:

Cost is the #1 barrier to seeking mental health support, cited by more than 1 in 4 respondents.

19% of respondents reported "finding the right therapist" as a barrier.

While the industry is actively working to improve affordability and access with offerings like cost-effective online therapy, the perception of these barriers remains a persistent challenge.

Education is also a contributing factor, as roughly 37% of respondents are unsure what kind of therapy would be most helpful for them, and they may not have the tools and tactics to help them figure it out. When respondents were asked how they keep track of their mental health, the most common response was, “I don’t keep track.” Having a method of tracking symptoms and moods could help them decide if therapy is right for them, based on where they are in their mental health journey. It can also serve as motivation for monitoring progress and influencing more positive behavior over time.

External motivators for starting care

47%

Having people in your circle who are openly speaking about and/or seeking mental health support is the single most powerful external motivator, cited by nearly half of all respondents (47%).

41%

Receiving encouragement from family and friends.

Many people are looking for social permission to access care — something more personal than broad cultural affirmation. Having people in your circle who are openly speaking about and/or seeking mental health support is the single most powerful external motivator, cited by nearly half of all respondents (47%). Close behind was encouragement from family and friends to pursue care, at 41%. Compared to data from the 2025 report, people are now 5.3% more likely to attend therapy as a result of influence from people in their social circles.

Even so, among those who have accessed care, the top source of motivation was internal. In fact, half of this group said they started therapy because they “felt ready or motivated to seek support.”

In an ideal world, everyone would feel this level of assuredness at the start of their therapy journey. But intrinsic readiness requires a clear path to access.

“

I felt ready or motivated to seek support.

02

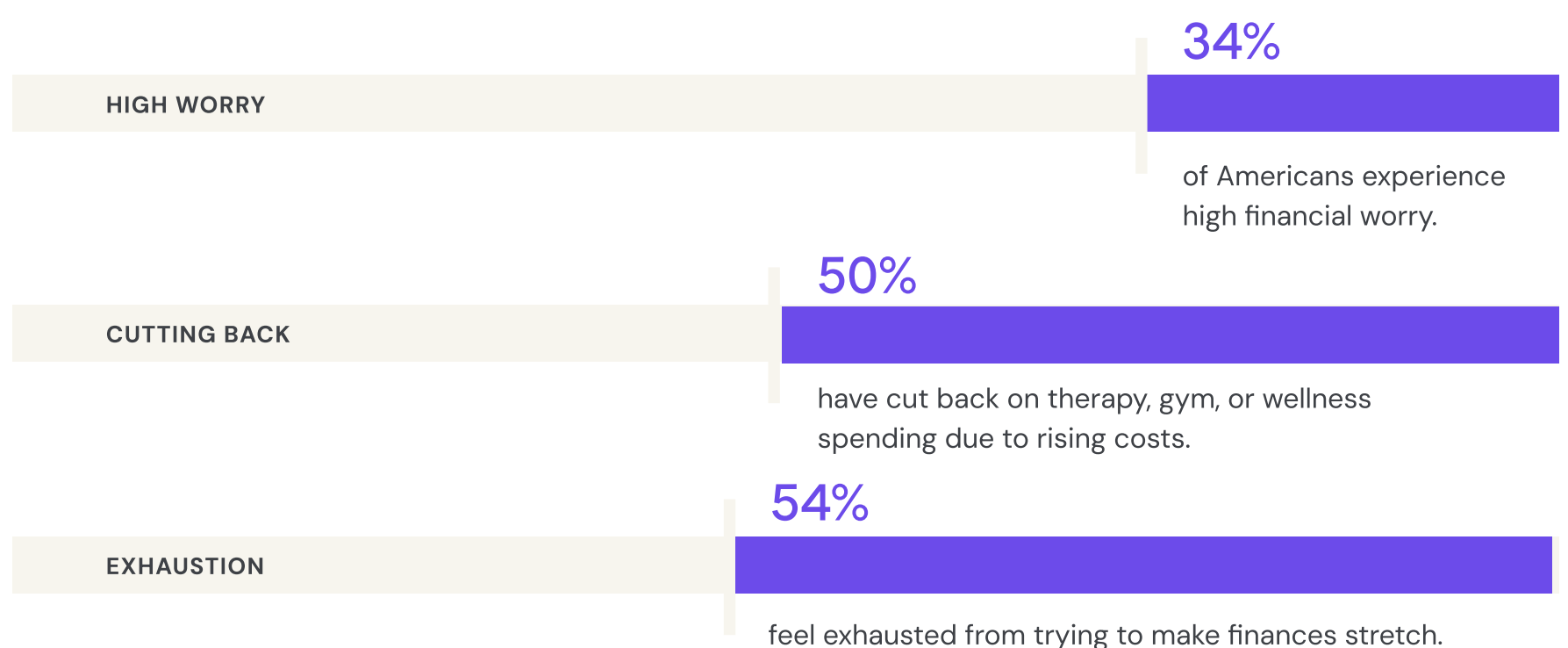
The financial multiplier: A cycle of vulnerability

Unfortunately, the people who need care most acutely are often the least⁴ able to afford it.

With a sharp rise in the cost of living and a turbulent job market, many Americans are struggling to make ends meet. Our research found that 34% of Americans report experiencing high financial stress, worrying about inflation and finances daily or weekly. Unsurprisingly, the percentage was even higher (42%) among those respondents making less than \$50K a year. Separately, financial stress is also a reason some patients choose to seek care, with 19.8% of Americans looking for mental health support to tackle financial difficulties.

Cost as a barrier to care is increasing over time, with 25% of survey respondents citing cost-related inaccessibility in 2025, rising to 41% in 2026 due to economic factors.

FIG 3 The “triple squeeze”



19% experience all three at once.

⁴ Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A., Neria, Y., Arbuckle, M. R., & Oquendo, M. A. (2017). “Closing The Mental Health Gap In Low Income Settings By Building Research Capacity: Perspectives From Mozambique. *Annals of Global Health*, 83(1), 28–40. (Source)

When people are worried about affording their daily needs, the perceived cost of therapy will inevitably deter them from seeking care.

All the while, their stress compounds like interest, creating a vicious cycle of vulnerability. We identified 19% of respondents trapped within a viselike “triple squeeze”: simultaneously high-worry, cutting back, and exhausted. This creates a pernicious feedback loop in which people could greatly benefit from support, but they lack the financial empowerment and emotional energy to take the next step.

While the survey found that financially stressed people are more likely to currently be in therapy, that number could decline given the high percentage planning to cut back on health-related services (e.g., therapy, gym memberships, doctor appointments). Given that money stress often worsens existing mental health concerns, reducing financial barriers to care is paramount.

19%

of respondents trapped within a viselike “triple squeeze”: simultaneously high-worry, cutting back, and exhausted.

03 The gender gap: Matching complexity to care

The report uncovered a striking engagement gap between men and women when it comes to seeking mental healthcare. Women are 22% more likely than men to have ever accessed care and 31% more likely than men to currently be in care. Women are also:

13% more likely than men to seek support for anxiety.

10% more likely than men to seek support for depression.

10.6% more likely to seek support for stress or burnout.

21.6% more likely to seek support for trauma-related concerns.

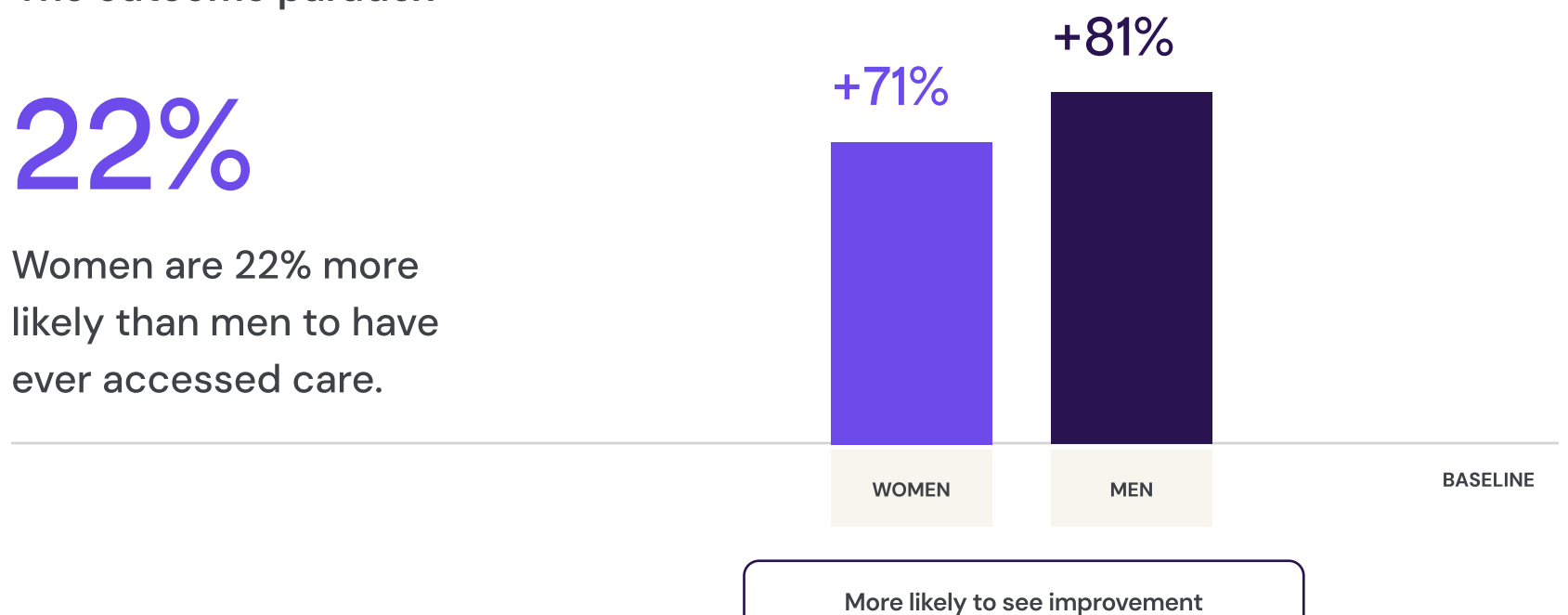
Gender disparities in mental health are well documented in the U.S. On average, more women than men report experiencing poor mental health⁵. They also experience higher rates of anxiety and depression than men, which could explain why a higher percentage of women are seeking care for such concerns.

⁵ SSRS. (2025, May 27). *Mind The Gap: Understanding The Gender Divide In Mental Health*. ([Source](#))

At the same time, the data could signal a longstanding and unfortunate stigma surrounding men’s mental health. Even as American society places a higher value on mental health, traditional ideas of masculinity are increasingly prevalent⁶, which may make men hesitant to seek help for their mental health concerns. The so-called “man box” of masculinity norms promotes stoicism and self-reliance⁷, and men may see these values as incongruous with seeking care.

However, despite higher engagement, women see significantly lower improvement rates in therapy than men.

FIG 4 The outcome paradox



This potentially points to another structural issue: The current mental health system may be optimized for people with simpler support needs (i.e., prospective patients citing one or two reasons for seeking support) instead of the complex array of needs that women report facing. As our survey found, women are 76% more likely than men to cite four or more reasons for seeking care. Women are also 40% more likely to cite an inability to find the right therapist as a reason they haven’t sought care; relatedly, they’re more likely to go through four or more therapists to find the right one.

People deserve a steady partner in their mental health journey. Creating a system for better provider–patient matches can help all people, regardless of gender, find higher-quality care and cycle through fewer therapists before they find the right match. For example, at Rula, women using our online matching system to filter therapists according to their preferences typically meet just one or two providers (as opposed to the standard four providers) before finding the right fit.

⁶Equimundo. (2025, June 1). *Equimundo’s State Of American Men 2025* (Source)

⁷Hill, A. L., Jones, J., Anderson, B., & Kågesten, A. (2020). Harmful Masculinities Among Younger Men In Three Countries: Psychometric Study Of The Man Box Scale”. *Preventive Medicine*, 139, 106185. (Source)

04 Beneath the mask: Mental health in the workplace

Like in the broader culture, mental health stigma has diminished in the workplace — at least, from an organizational standpoint. Employees are frequently encouraged to be their “authentic selves” at work.

Organizations pledge to create environments of psychological safety and belonging. Many companies have expanded their wellness benefits to encompass mental health services, and benefits like Employee Assistance Programs (EAPs) offer holistic counseling support to address a variety of needs. In fact, the U.S. commands the largest share of the global workplace wellness market⁸. But this commitment to policies and benefits does not necessarily translate to a healthier workplace.

43%

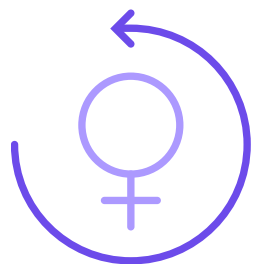
of respondents have avoided telling their manager about a mental health challenge.

As our report found, people are masking their mental health needs at work; 43% of respondents have avoided telling their manager about a mental health challenge. When employees can't open up to their managers, they're likely bottling up those emotions, creating inner turmoil that can detract from their work. They may also be missing out on a valuable resource. Managers are trained to advocate for their employees, whether that's through reducing their workload, helping them understand their mental health benefits, or creating opportunities for them to connect with their teammates so employees feel less alone. Telling a manager about mental health challenges could result in the “social permission” someone needs to feel comfortable seeking care.

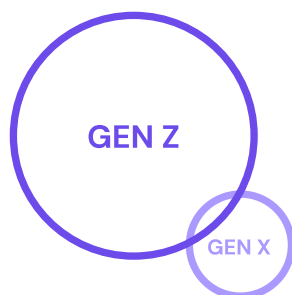
⁸ The Business Research Company. (2026). *Workplace Wellness Global Market Report*.

That said, employers must take a more proactive role in making mental health support visible, accessible, and normalized across their organizations. This means clearly marketing available resources, reducing friction in how employees access care, and ensuring that support is available without requiring disclosure. True accessibility comes from making it easy, expected, and stigma-free for employees to get the help they need, on their own terms.

Our research also uncovered notable disparities among different genders and generation groups when it comes to mental health at work — disparities that point to real cultural and structural tension.



Despite being more inclined to seek care, women are more likely than men to consider leaving or leave their jobs due to mental health concerns.

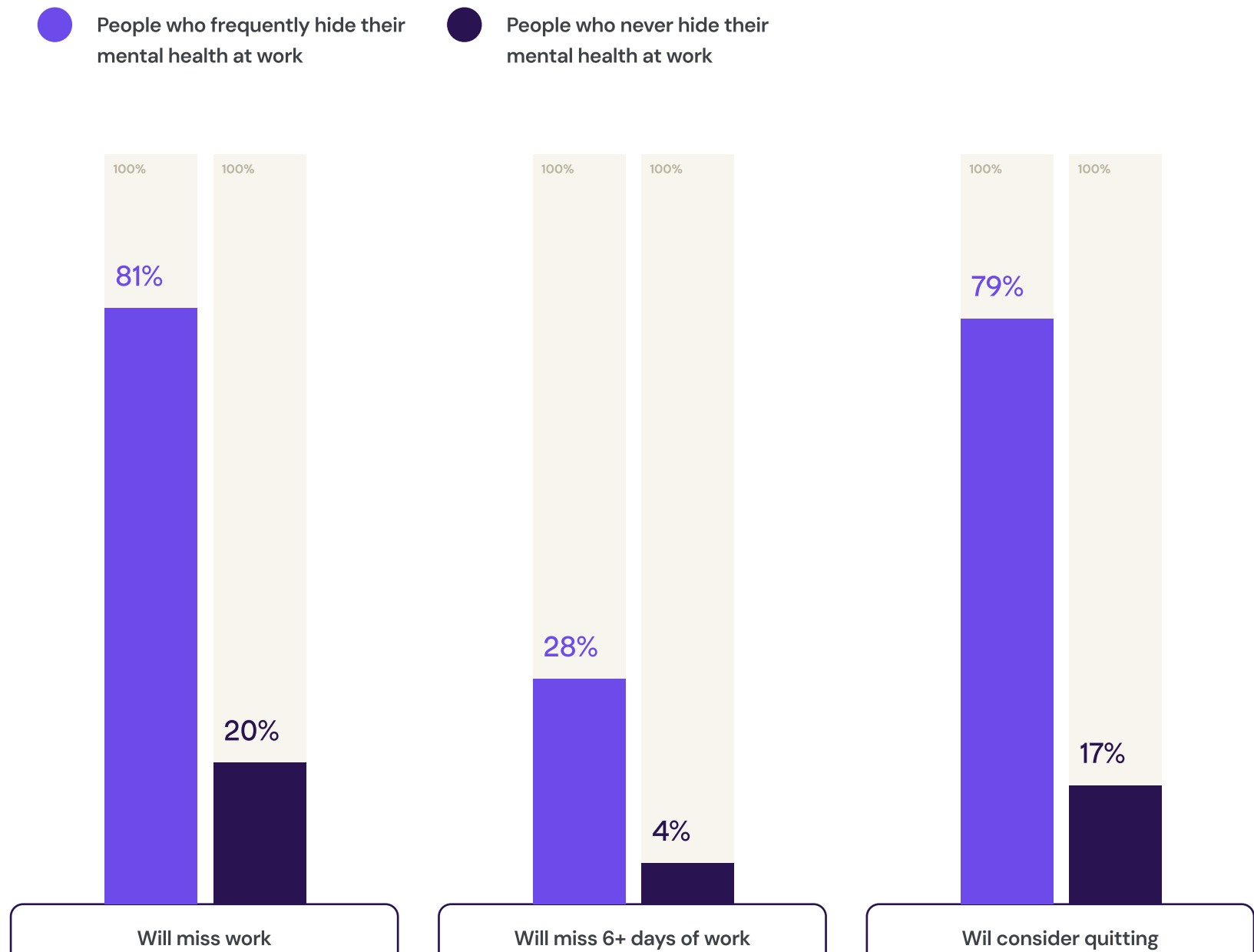


Gen Z is 6x more likely than Gen X to hide their mental health situations at work.

Gen Z has been lauded as torchbearers for mental health awareness at work, and, as our data shows, they place a high value on the importance of mental health in their lives. On the surface, it's surprising that they would be less open to talking about their own mental health. However, this openness does not necessarily translate into the workplace. As the youngest age cohort, Gen Z employees may be less comfortable speaking openly about their mental health challenges at work, for fear that showing vulnerability could indicate performance risk to management.

Employees who frequently hide mental health struggles are four times more likely to miss work and six times more likely to quit than those who never hide their mental health. This creates a predictable cascade of disengagement that costs employers real productivity and talent.

FIG 5 Hiding vs. disclosing mental health in the workplace



Workplace stigma is a clear operational risk. Employers should look beyond mental health support as a voluntary benefit and reframe it as an investment in their businesses. Not only will they be protecting their bottom lines — they'll also be leading a societal transformation.

05

Building bridges, inside and out

Normalization of care at the community level is how we bridge intention and action. As our research reveals, social normalization (47%) and internal readiness (50%) outperform cost incentives and policy changes when it comes to inspiring people to seek care. It's not enough for people to know they're "not alone"; they need an outstretched hand and the social assurance to take it.

Much of that social assurance comes from seeing those behaviors modeled; The data shows that people are more moved by seeing others get care (66%) than by experiencing a crisis themselves (49%).

However, not everyone's bridge to care is built the same way or in the same place. Social permission may be especially important for populations with lower baseline access. For example, men are 57% more likely than women to get their care referrals from friends and family. Also, 18% of men said support or encouragement from their workplace or school would influence them to seek mental health support — 6% higher than women. Meanwhile, women — who show greater engagement with care and are statistically more likely to have a primary care provider — are more likely than men to receive referrals to therapy from their physician.

The results here echo a trend observed in [Rula's 2025 State of Mental Health Report](#)⁹: The people in our closest circles often have the greatest influence over whether we seek the care we need. In building stronger communities and bridging the gaps between ourselves and others, we also bridge the gap between mental health awareness and activating clinical care.

It's not enough
for people to know
they're "not alone";
they need an
outstretched hand
and the social assurance
to take it.

⁹Rula. (2025, May 8). *Rula's 2025 State of Mental Health Report*. (Source)

06

The next frontier of care

AI in mental healthcare

Artificial intelligence is inescapable in today's society, and the arena of mental healthcare is no exception. As people turn to AI to manage their "life admin" and help them make decisions, they're also using their new virtual companions for mental health support. In fact, our survey found that more than 1 in 5 Americans have used AI chatbots for mental health support.

However, this is less about a preference for the technology than it is about emotional safety. The top reasons respondents said they used AI for mental health support were that it "felt more anonymous" (41%) and "less intimidating" (39%).

"I use AI for mental health support because..."

41% it feels more anonymous.

39% it's less intimidating than therapy.

35% it's more affordable.

32% I prefer digital communication.

28% I'm not comfortable face to face.

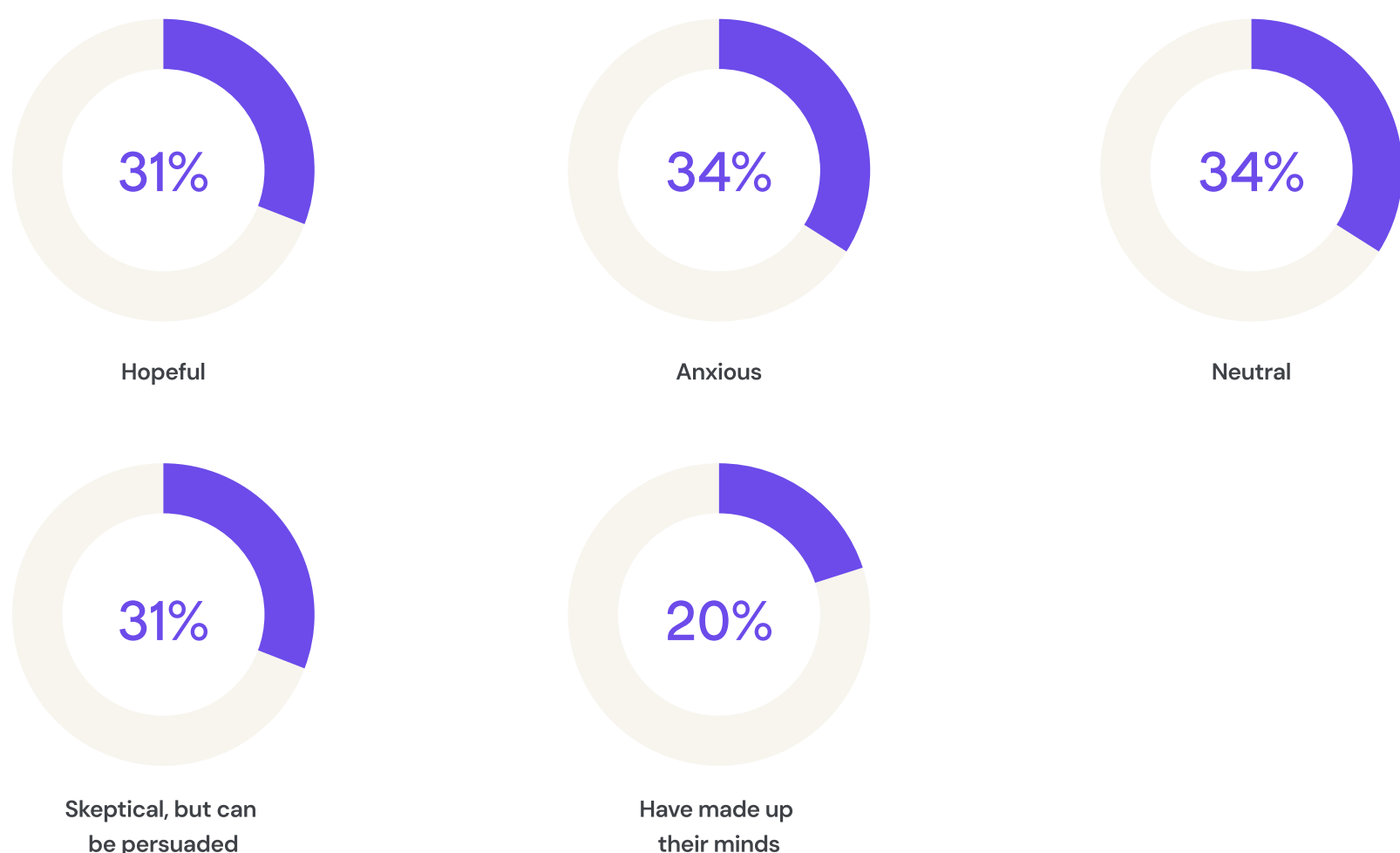
While concerns about AI replacing therapy are increasing, our data suggests they may be overblown. Seventy-one percent of AI therapy users have also been in traditional therapy, showing that AI is not pulling people away from traditional therapy but, rather, serving those already open to receiving care.

For care providers and patients alike, the technology presents an opportunity to supplement care with more personalized tools and experiences.

Still, many are skeptical, and not without good reason. Using AI alone for mental health support is not always reliable and can exacerbate feelings of loneliness and isolation, as research from MIT found. Our survey shows that Americans are largely divided on the impact of AI in mental healthcare: About 31% are hopeful, 34% are anxious, and 34% are neutral. Even so, 31% of those skeptics say they could be persuaded, while just 20% report that they've made up their minds.

We believe that human clinicians are a critical and irreplaceable component of comprehensive care. The responsible use of AI as a supportive tool will also be integral to the future of mental healthcare, helping patients access care more efficiently and effectively within a community-focused system.

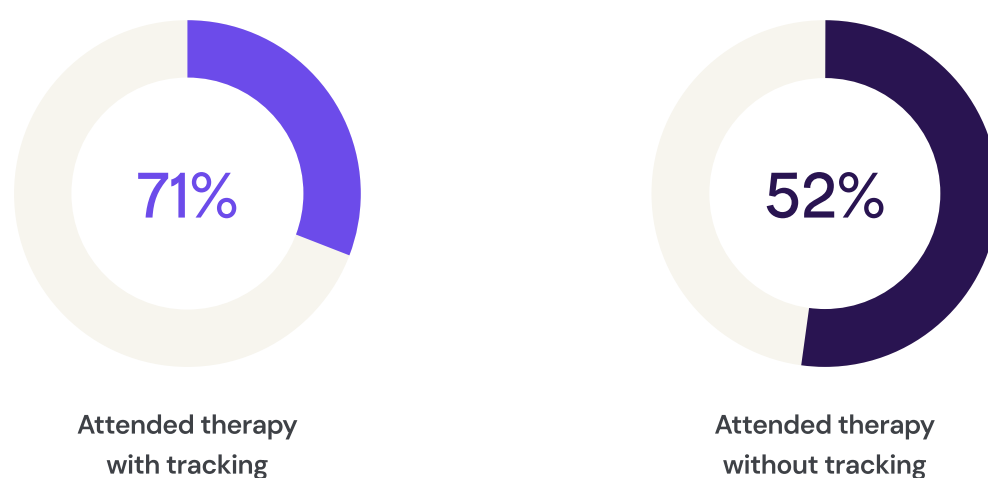
FIG 6 Americans' view on AI in mental healthcare



Tracking and measurement-informed care

Having structure, insight, and support to monitor mental health can enhance care outcomes. In this survey, 71% of respondents reported improvements when they paired therapy with a tracking approach — such as symptom logging or goal setting¹⁰ — compared with 52% who attended therapy without tracking.

FIG 6 Improvements with tracking and measurement-informed care



19% Those in care who are tracking mental health symptoms are 19% more likely to see improvement than those who aren't.

Even so, 48% of people don't track their mental health at all. But it's not because they don't want to. Often, therapy is where people learn how to evaluate and record their mental health, making care accessibility all the more important. Of those respondents who have never been in therapy, only 37% track their mental health, as opposed to the nearly 80% of current therapy patients who do so. Even among people who are not in care now but have been in the past, 62% still track their symptoms.

As an advocate of measurement-informed care, Rula believes that building measurement into the care journey should be a clinical priority for mental healthcare providers. Proper measurement and evaluation turn data into action, allowing therapists to better personalize care while giving patients a lifelong framework to identify shifts and track their growth.

¹⁰Rula. (n.d.). "Setting Mental Health Goals Without Extra Stress." ([Source](#))

Conclusion

Finding care together

It's time to move beyond baseline mental health awareness to create a system that accounts for complexity and provides social permission to seek care. We need a community ripple effect, a culture that doesn't just say, "You're not alone," but also says, "We're with you."

At Rula, we believe this begins with easy-to-access, high-quality care. We believe that investing in data-integrated and measurement-informed care will create better outcomes and help people find the right provider(s). We believe that sharing positive care experiences from one person to another can spark broader community storytelling and inspire individual action, empowering more people to take the next step in finding support. And we believe that neither cost nor time should prevent people from seeking the care they need.

Methodology:

An online survey of 2,037 U.S. consumers aged 18 and older was conducted by Propeller Insights on behalf of Rula between January 15th and January 21st, 2026. Respondents were recruited from an online panel and selected based on demographic criteria. Eligibility was confirmed through screening questions in which participants self-identified their qualifications. The margin of sampling error for the total sample is ± 3 percentage points at a 95% confidence level.

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