

# The State of Stigma

A look at what's standing between people and the help they deserve

May 2025





# A Word From Our President

At BetterHelp, our mission is simple: champion the well-being in all of us. And our vision?

**| To eradicate the barriers to wellness across the globe.**

But we know we're not there yet.

The pandemic revealed just how fragile our global systems of mental health really are. And while awareness has never been higher, stigma and lack of access still prevent millions from getting the care they deserve. Add in financial pressures, community tensions, the ever-present noise of social media, and a growing epidemic of loneliness—and the burden becomes even heavier.

Over the past decade, we've redefined online therapy, delivering access to high-quality mental health care at an unprecedented scale. Throughout this journey, we've listened to the feedback from our millions of clients around the world to evolve and better meet their needs. With a network of over 35,000 licensed, vetted therapists, we've also gained valuable insights into behavioral health trends – drawing from a vast, diverse set of data. Now, we're asking a bigger question: are the patterns we're seeing on our platform reflective of what's happening globally? That's why we created *The State of Stigma*.

Launched in honor of Mental Health Awareness Month, this report is our way of listening more closely—to the fears, beliefs, and cultural narratives that continue to hold people back from seeking help. We surveyed over 16,000 people across 23 countries to better understand how stigma shows up around the world, and why it continues to silence so many.

To be clear, our work doesn't end with one study or report. It continues with deeper understanding and better solutions. Mental health care should be designed with real life in mind. That means flexible formats. Fewer barriers. More compassion and quality care. And that can only happen once we deepen our understanding.

Because the truth is: **everyone needs help at some point.** What matters is making it easier to ask for it.

*Fernando*

**Fernando Madeira**

President, BetterHelp





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# The World Needs Help

## Methodology

We surveyed over  
**16,000 people**  
**across 23 countries**  
to understand how stigma affects people all over the world.

- The survey was commissioned by BetterHelp while global survey audiences were sampled by Dynata, an independent survey research firm.
- Total global results have a margin of error of <1%. Results by country or other demographic identifiers vary.

**When:** March 7th – 22nd, 2025





# What Help Can Do

When people receive the support they need, meaningful change is possible.

In 2024, we saw:

**72%**

of BetterHelp members experienced a reduction in symptoms.

**69%**

achieved reliable improvement (a 4-point reduction in PHQ-9 or GAD-7 scores).

**62%**

reached symptom remission (PHQ-9 or GAD-7 scores below 10).

## Everyone Deserves Help

Because we know how powerful help can be, and that when people get the support they need, it can change *everything*.



A Universal Belief and a

Persistent Barrier

01



# Believing in Mental Health Is Easy.

## Asking for Help Isn't.

Across continents and cultures, people believe in mental health care and see the importance of emotional well-being.

And yet most **still hesitate to ask for help because of the stigma** that surrounds it.

Globally nearly

# 3 in every 4

respondents surveyed agree that it is wise for people to seek support to maintain well-being.

Globally nearly


# 6 in 10

respondents surveyed around the world believe that societal attitudes discourage people from seeking mental health help.





# The State of Global Mental Wellness



76% of respondents surveyed globally agree that mental health care can help resolve personal problems.

We encourage others to get help. But we don't always feel safe doing it ourselves.

The biggest barrier isn't a lack of belief in mental health care, it's the hesitation that lingers beneath it.

Even as more people embrace the value of therapy, many still hold back—unsure of how seeking help might be perceived by others, or even themselves.

This quiet tension between what we believe and what we do is at the core of stigma. And understanding it is the first step toward breaking it.

Stigma tends to show up in **three core ways**:

## Cultural:

Help-seeking seen as weakness or failure.

## Generational:

Influenced by age, era, and norms.

## Gender-based:

Shaped by expectations of who gets to ask for help and who stays silent.



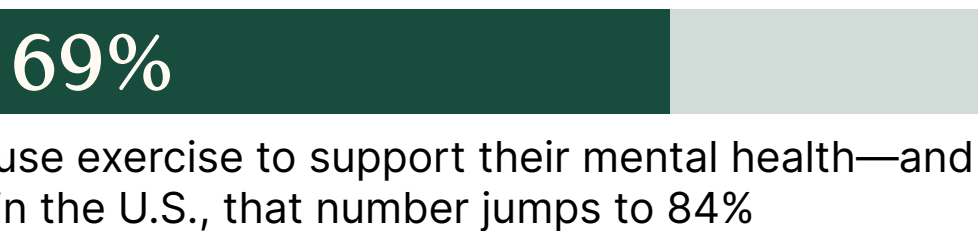
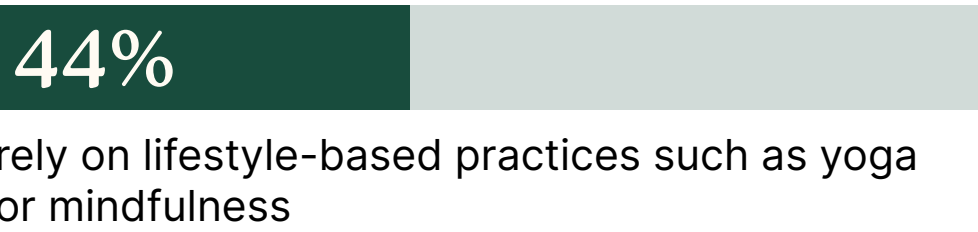
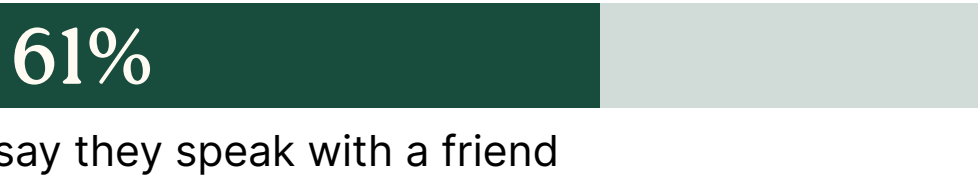
# What’s Still in the Way?

Across age, culture, and circumstance, people face real obstacles—emotional, financial, and systemic—that keep them from therapy.

1

When therapy feels out of reach, people turn to what’s close.

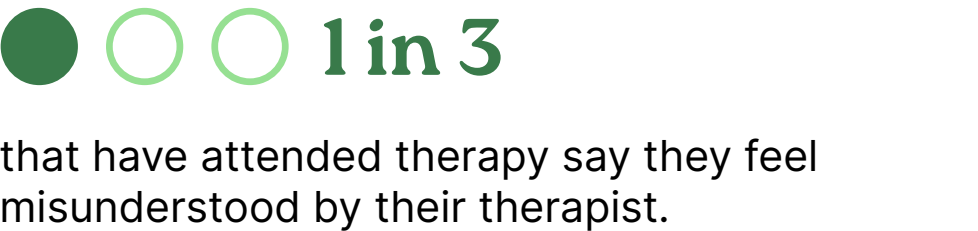
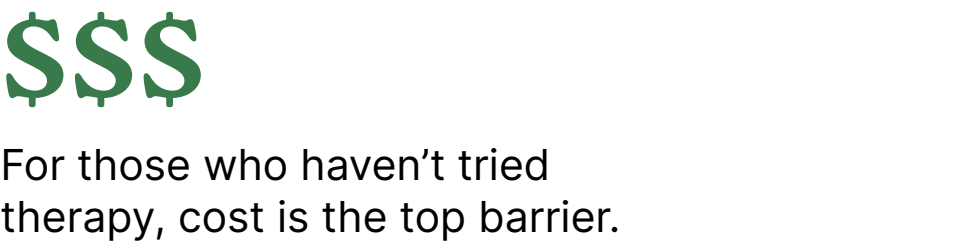
Globally, people are more likely to start with personal tools, like mindfulness, rather than professional support:



2

For Gen Z therapy is trending—but trust isn’t.

While more vocal online, Gen Z reports higher levels of stigma than older generations, despite being the most likely to attend therapy.



3

Wanting help isn’t the problem—reaching it is.

For many, the decision to seek therapy isn’t just personal—it’s deeply shaped by circumstance.

- Roommate households
- Multigenerational homes
- LGBTQ+ individuals
- Parents of young kids

They’re also more likely to lack support, fear judgment, and struggle with cost or access.

These same groups are often the most likely to say therapy could help, if only they could get to it.

*BetterHelp makes it easier to find a therapist who gets where you’re coming from. In as little as 48 hours, you’re matched based on your therapy goals, preferences and life stage. So, getting help feels like it was made for you.*

*BetterHelp’s format is designed to accommodate individual preferences, for example, allowing sessions to take place from home without the need for a commute or time spent in a waiting room.*



*Why the Stigma?*

02

*It's Complicated.*





# Stigma Is Complicated— Because People Are, Too.

## Like any emotion, stigma is layered.

It's not just about shame—it's connected to identity, fear, pride, and protection. It tells us to stay quiet. To be strong. To handle it alone.

Stigma is shaped by culture, age, gender, and community expectations. It's reinforced by how we were raised, the roles we're expected to play, and the systems we move through every day.

Even social media, a place where mental health is more visible than ever can deepen the fear of being judged.

It rewards curated openness, but rarely models what it looks like to truly ask for help.

When stigma takes hold, asking for help doesn't feel brave. It feels risky. And for many, that risk still outweighs the perceived reward.

This section unpacks the many ways stigma manifests across cultures, generations, identities, and environments—and how those forces continue to shape whether people feel safe asking for help.

“

Seeking mental health treatment is an act of bravery, and overcoming the fear of stigma is crucial for healing and well-being.

**Courtney Cope**

LMFT, and Director of Clinical Operations at BetterHelp





# A Generational Divide on Mental Health

Age affects more than awareness—it changes how stigma shows up.

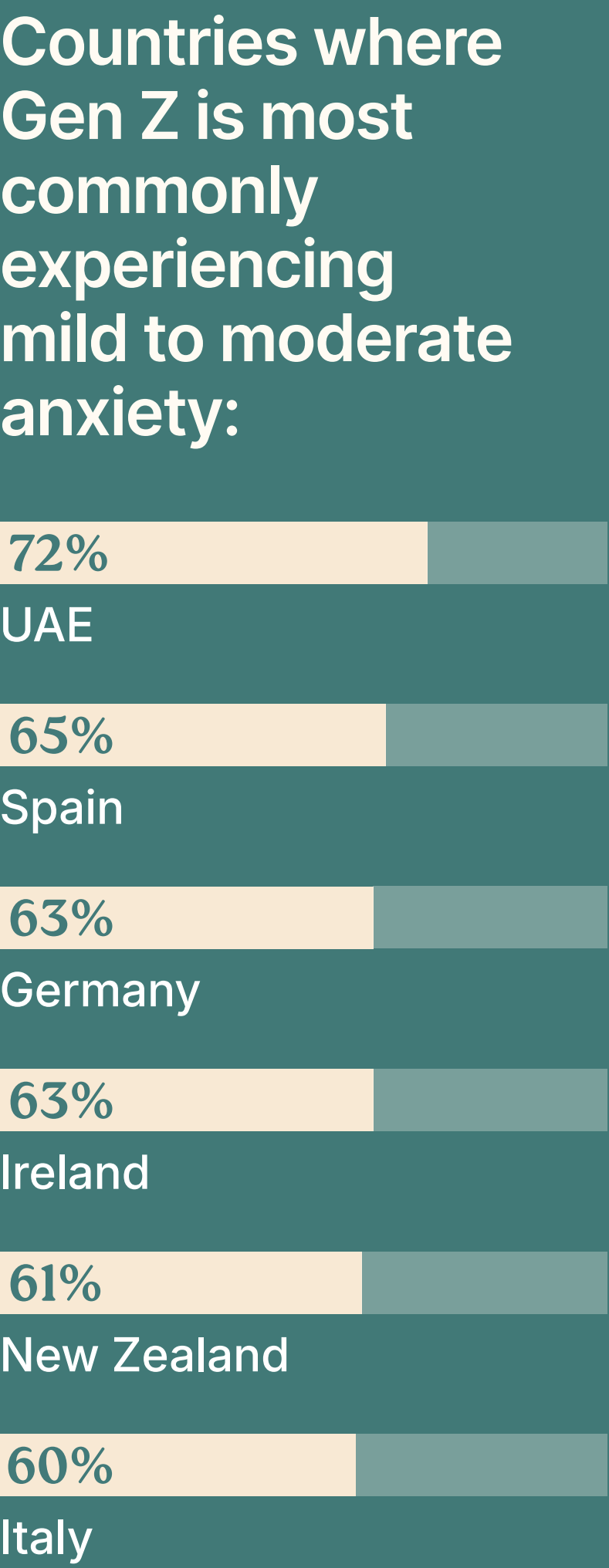
Younger generations are struggling more, even as they speak up louder.

## The Youngest Generation is Feeling it Most

Globally and in the US, **Gen Z is more than 2x as likely** as Boomers to experience mild to moderate anxiety and **almost 4x as likely** to experience severe anxiety.

Here's a glimpse into the likelihood of experiencing anxiety per generation:

ANXIETY LEVEL		GEN Z	MILLENNIAL	GEN X	BOOMER
Mild to moderate	GLOBAL	56%	50%	42%	26%
	U.S.	52%	45%	43%	25%
Severe	GLOBAL	19%	14%	10%	4%
	U.S.	20%	15%	11%	5%





# Gen Z Changed the Conversation— So Why Do They Still Feel Left Out?

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Gen Z face pressure from social media to project a perfect life, which can lead to unrealistic expectations, fear of judgement and many hiding their struggles, which fosters stigma.

**Richard Whitenstall**  
BACP accredited therapist from BetterHelp

## Gen Z’s Mental Health Paradox

Gen Z is the loudest when it comes to mental health advocacy, but the stigma still lingers.

**37%**

of Gen Z believe those who seek counseling are "mentally weak," compared to

**27%**

of millennials, Gen X, and baby boomers combined

## Sitting on the Fence Even When There’s Room on the Couch

They’re showing up for therapy, but they’re guarded with their emotions and feelings. Among Gen Z who are in therapy:

**37%**

say their therapist doesn’t understand them

**33%**

don’t trust their therapist

**34%**

admit to not being fully forthcoming in sessions

Gen Z wants help, but doesn’t always feel it’s built for them

## Prioritizing Mental Health Shouldn’t Feel One-Sided

It’s not just stigma—it’s cost, time, uncertainty, and a system that feels hard to navigate. Among Gen Z who haven’t gone to therapy:

**40%**

say cost is the main reason

**29%**

don’t think it will help or don’t have the time

**28%**

think it’s a waste of money

**24%**

simply don’t know how to find the right provider



## The Social Media Paradox

We talk about mental health online more than ever, but it hasn't made us feel better about it. For many, that visibility brings **more pressure, more comparison and more hesitation to get help.**

Social media platforms have become informal spaces for mental health conversations making people feel more connected and informed.

For many, it's easier to talk online than in therapy.

- **A quarter of respondents** say they're more comfortable discussing mental health online than with a therapist.
- Among Gen Z, those most online are also more likely to **prefer group therapy** over individual and may seek out more spiritual guidance more so than other groups.

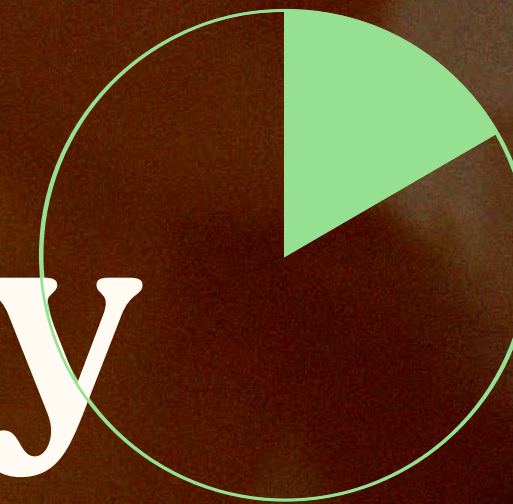


# 1 in 5 people

globally spend more than

# 4 hours a day

on social media



“

Oversharing online might feel like relief—but licensed therapy is where sustainable healing begins. There's a difference between venting and being heard by someone who can help you grow.

**Dr. Sreela Roy-Greene, PhD**

Licensed Mental Health Counselor (LMHC) with BetterHelp

People who spend 4+ hours daily on social media are **57%** more likely to believe mental health care fails to improve wellbeing compared to people who abstain from social media. They are also:

- Almost twice as likely to feel judged for seeking help
- **45% more** likely to believe therapy rarely solves personal problems compared to people who abstain,
- And more likely to discuss mental health problems online than with a therapist compared to those spending less time on social media.



# Parents Want Help. Getting it is Another Story.

Globally, parents of young children (under 18) believe in therapy, but face more stigma and obstacles to receiving care.

## Parents with Kids Younger than 18

### Barriers to Care



### Openness to Non-Traditional Therapy



### What's Driving Them?

- Reported **feeling motivated by self-improvement**, confidence and managing stress
- More likely than parents of adult children to **prefer professional support** over self-help
- **Believe in the benefits** of seeking mental health care and **prefer professional help** over self management
- **Still, 47% question** whether therapy actually improves well-being

### Respondents Say

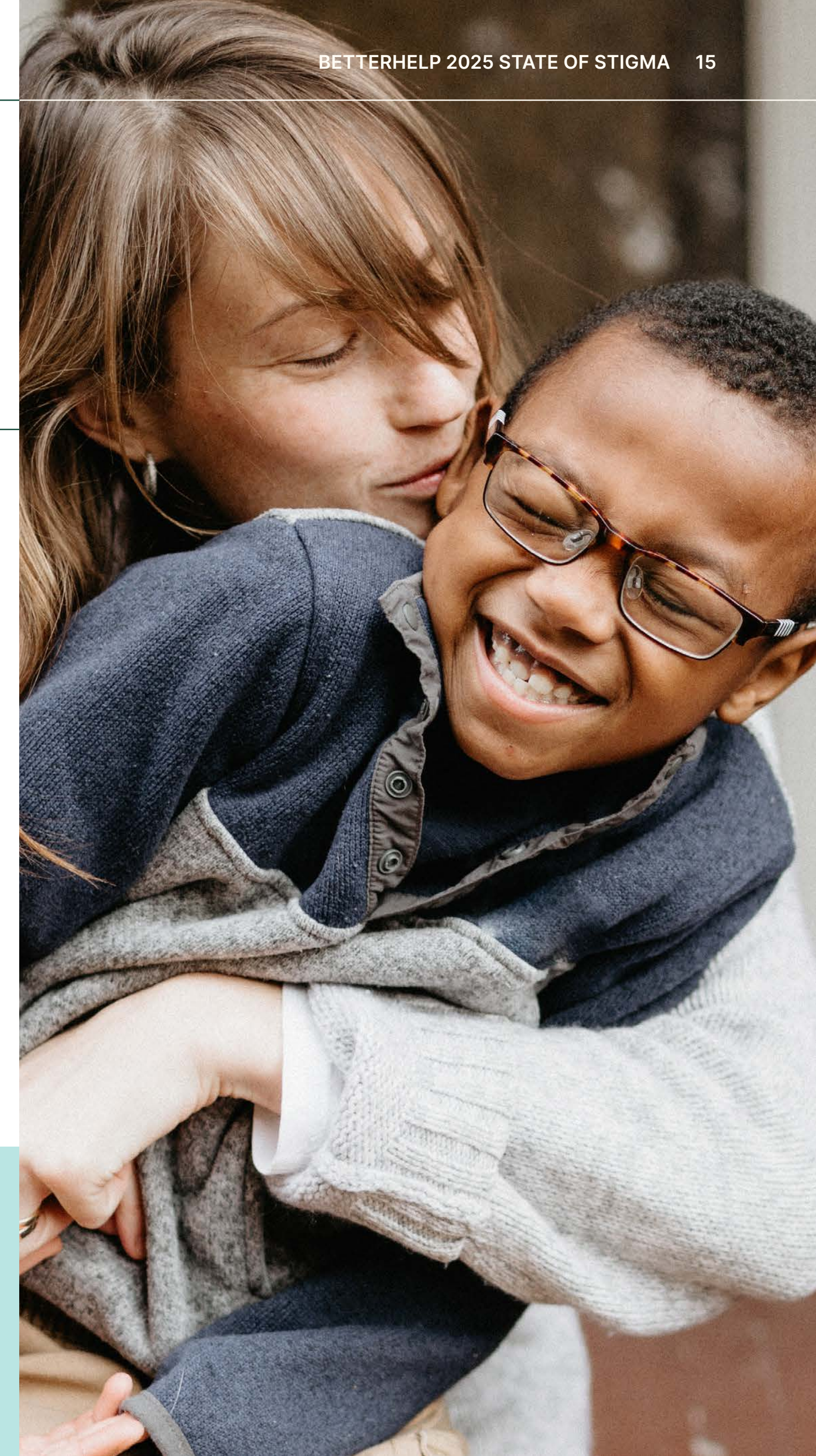
**63%**

say it's wise to seek help even when nothing's wrong

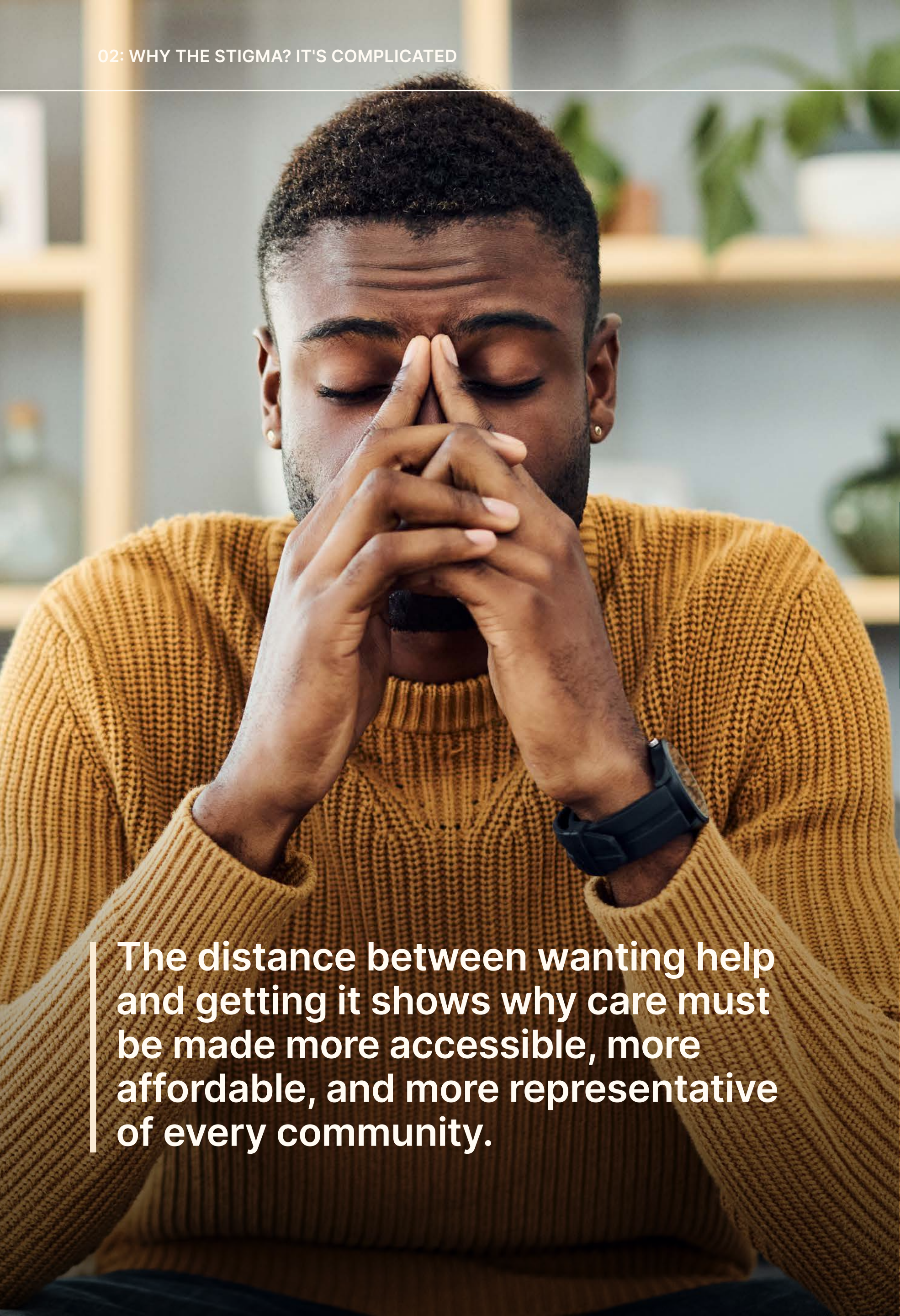
**Yet 34%**

still see people who seek help as "different" in a negative way

This practical approach suggests a willingness to overcome access to challenges and find effective ways to support their mental health.







# High Need, High Engagement, and Still High-Barriers.

Around the world, minority groups within their respective countries engage more with mental health services than the general population, yet they face greater barriers when seeking care.

## Underrepresented Groups Embrace Seeking Help

- **71% have attended therapy in the past** or are currently in therapy, compared to about half of global respondents.
- **68% more likely to have sought help due to trauma** compared to global respondents
- **31% more likely to have sought help due to depression** compared to global respondents

## Barriers to Care

- Minority groups are **62% more likely to face transportation issues** compared to global respondents
- **57% more likely to face limited provider access** compared to global respondents
- **31% more likely to face cost barriers** compared to global respondents

The distance between wanting help and getting it shows why care must be made more accessible, more affordable, and more representative of every community.



# 03

*Global Differences in Mental Health*

*Views & Actions*





# Understanding Stigma Means Understanding Culture

**Stigma isn't one-size-fits-all. Neither is support.**

Mental health support can look different around the world. In some regions, care is more accessible and normalized. In others, strong beliefs in mental health may not translate into action due to stigma, lack of trust, or limited access.

Even when people agree that mental health matters, many still hesitate to seek help. That hesitation takes different forms—fear of judgment,

cultural pressure, or the belief that therapy is only for certain people or situations.

This quiet, internalized stigma—feeling like you shouldn't need help—is one of the most persistent barriers to care. That's why it's so important to understand how stigma shows up differently across cultures. Only then can we build support systems that meet people where they are, not where we assume they should be.



# Global Views on Seeking Help

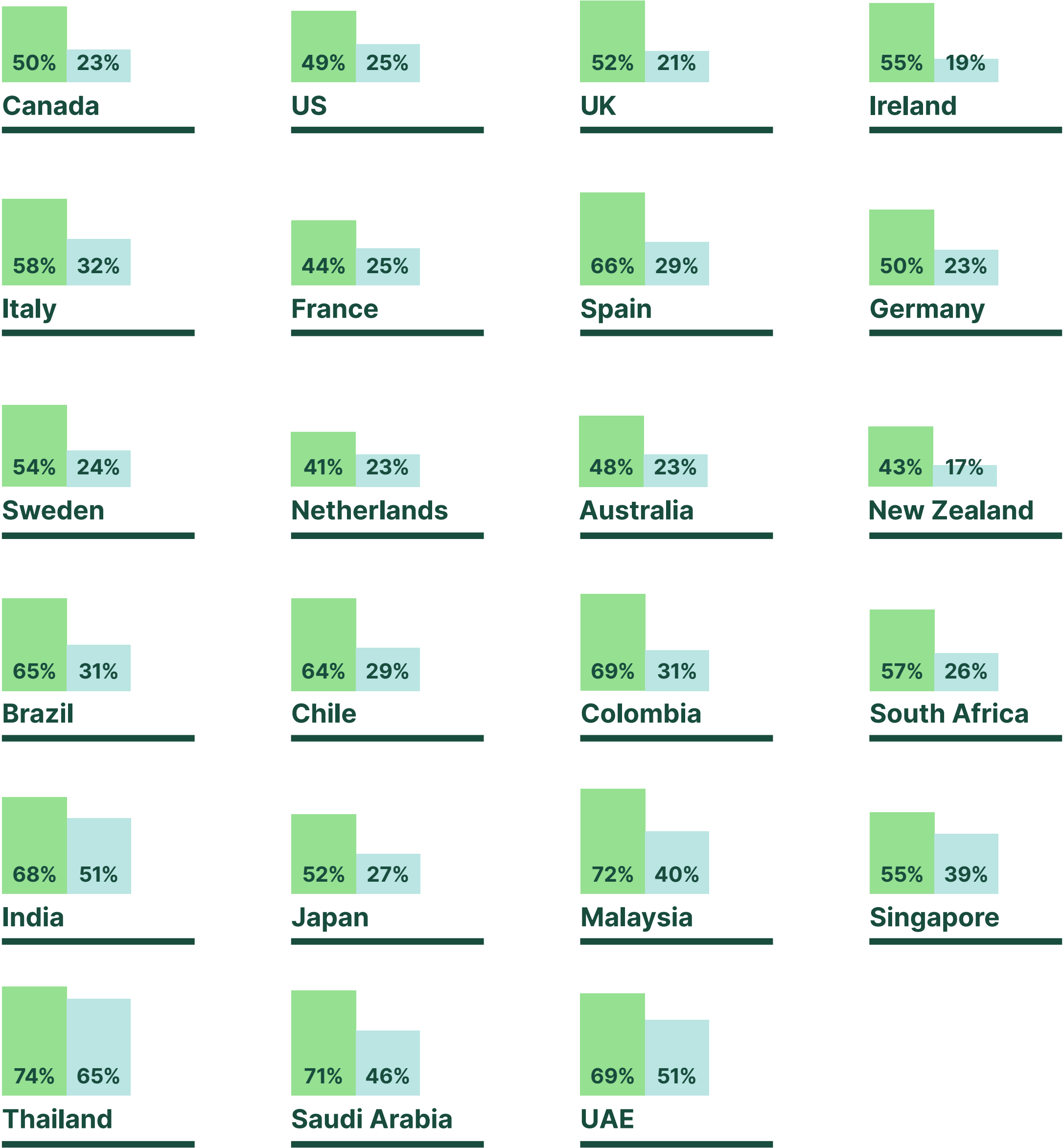
In every country, more people prioritize mental wellness but still view those who seek help as weak. Each country’s community and cultural immensely shapes how people perceive mental health support, and the gap between views and actions.

## % of People

who agree ‘It is wise for people to seek mental health support even if nothing is wrong’

## % of People

who agree people who go to counseling for mental health problems are mentally weak





# The U.K. is Leading a Cultural Shift in Mental Health Across Europe

Across the U.K., attitudes toward mental health are evolving. Today, more people are speaking openly, seeking support, and seeing mental health as equal to physical health.



## Comfort with Care

**67% of Brits are comfortable sharing personal feelings with a therapist**

That's significantly higher than 56% across continental Europe

## Belief in Equal Treatment

**74% of Brits believe people who seek mental health help should be seen no differently as those who seek it for physical health**

Compared to 66% of their European neighbors

## Social Media as a Mental Health Connector

**46%**

say social platforms increased their mental health awareness (vs. 30% Europe)

**52%**

feel more connected because of social media (vs. 38% Europe)

**26%**

regularly share mental health content online (vs. 18% Europe)

This openness reflects more than just individual sentiment—it reflects **real cultural progress.** One that offers a hopeful blueprint for how stigma can start to shift when conversation becomes community.



# Same Symptoms. Different Systems. Very Different Actions.

Progress in attitudes doesn't always mean progress in action. While the U.K. leads Europe in openness for mental health support, they lag the U.S. in willingness to seek help despite reporting nearly identical levels of moderate to severe anxiety and depression.



## United States

**27%**  
currently in therapy.

## United Kingdom

**Only 16%**  
are currently in therapy—  
despite similar clinical need.

Even with access to national health services, many avoid care altogether:

- Nearly **2x more likely** than Americans to **avoid therapy due to stigma**
- Over **50% more likely** to **fear judgment from others**
- UK residents are **26% more likely** than Americans to **avoid mental health treatment** due to the belief it wouldn't help



Where Do We Go

From Here?

04



# Where This Leaves Us



Around the world, people believe in mental health care. But far too many are still not comfortable seeking help due to fear of being judged.

Across 23 countries, we heard the same tension: people want support, but stigma, doubt, and silence continue to get in the way.

The result is a quiet gap between belief and behavior. Between recognizing the value of care, and actually reaching for it.

This report helped us understand what shapes that gap: culture, generation, gender, environment and how we might begin to close it.

**Now comes our responsibility: To close that gap. To make care feel not just available, but accessible. Not just acceptable, but truly for everyone.**

Because when more people believe they're worthy of support, more lives begin to change.

## Reminder of What Help Can Do

BetterHelp users around the world are proof of what's possible:

**72%**

saw a reduction in symptoms

**69%**

showed meaningful improvement in anxiety and depression

**62%**

reached remission

**82%**

would recommend their therapist to someone else



# The Next Chapter Starts With Help

If you take one thing from this report, let it be this: If you're struggling to ask for help, know that you're not alone.

Across 23 countries, people shared a common belief—mental health matters. But too often, stigma, fear or doubt still makes asking for help feel out of reach.

If you've already experienced the power of help, speak loudly about it. Share your story. Let others see how help can change everything. Your voice might be what someone else needs to finally feel safe enough to ask for their own.

This Mental Health Awareness Month isn't just about reflection. It's about responsibility and taking action. We recognize that there's a lot of work that needs to be done, and we're committed to doing it.

**While stigma around therapy remains, we've helped to break down that barrier by introducing 40% of our millions of new members to therapy for the very first time.**

We've tackled the greatest obstacles to care: cost and accessibility—offering a more affordable, flexible alternative to traditional therapy that allows individuals to connect with therapists from anywhere, in the comfort and privacy of their own space.

BetterHelp makes it easier to find a therapist who gets where you're coming from. In as little as 48 hours,

you're matched based on your therapy goals, preferences and life stage. So, getting help feels like it was made for you.

**And with BetterHelp's Social Impact program, we've partnered with over 300 nonprofits to support communities facing the highest stigma and the lowest access to care. We've also offered over \$60 million in discounts and financial aid to individuals who may not be able to afford care on their own.**

Mental well-being shouldn't be a privilege, and we're committed to making sure it isn't. We've made progress, but this is just the start.

The more we listen, adapt, and design care around real lives, the closer we get to a world where asking for help feels not just okay, but expected.

Because asking for help shouldn't have to feel brave. It should feel human. And together, we can build a world where it finally does.

## Help Us Reach More Communities

Know a nonprofit helping communities facing stigma? Join us in our commitment to reducing the stigma and nominate them here: [social.impact@betterhelp.com](mailto:social.impact@betterhelp.com)

Let's keep moving forward—together.



# Appendix

# 05





## 7. Believing in Mental Health Is Easy. Asking for Help Isn't.

B1\_1: On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please indicate how much you think others in your community agree with the following statements: I believe societal attitudes towards mental health care discourage people from seeking help MOE  $\pm$  <1%; ; B1\_2 It is wise for people to seek mental health support even if nothing is wrong MOE  $\pm$  <1%; n=16,500

## 8. The State of Global Mental Wellness

B2\_1: On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please indicate how much you think others in your community agree with the following statements: Mental health care can help resolve personal problems: MOE  $\pm$  <1%; n=16,500





# 9. What’s Still in the Way?

## When therapy feels out of reach, people turn to what’s close.

- T1: Which of the following mental health interventions have you used in the past or are currently using?: Speaking to a friend, Yes NET MOE ± <1%; Speaking to a family member, Yes NET MOE ± <1%; Lifestyle interventions, Yes NET MOE ± <1%; n=16,500
- T1A: [only for respondents who selected **Yes, Currently** or **Yes, previously** to “Lifestyle interventions” in T1] Which of the following lifestyle interventions have you used in the past or are currently using?: GLOBAL – Exercise MOE ± 1%; n = 7,304; US – Exercise MOE ± 2%; n =1,203

## For Gen Z therapy is trending—but trust isn’t

- T5: [shown only to respondents who experienced challenges in A5 and answered ‘No’ to “Accessed any of the above (mental health care services)” in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care?: Cost concerns MOE ± 3%, Gen Z n = 1,231
- TR2\_1: [For those who are in therapy currently or previously attended] On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please describe your relationship with your current / most recent therapist – I felt understood by my therapist B3B (37%) MOE ± 2%;Gen Z n = 2,043

## Wanting help isn’t the problem—reaching it is

### Shared Living Conditions

- A2 (GAD-7 Categorization) – **Over half of respondents with roommates or living with older generations demonstrate mild to moderate anxiety levels compared to those who don’t live with roommates and/or older generations**, Roommate HH MOE ± 4%; , Multigenerational HH MOE ± 2%; GLOBAL Roommate HH Members n =526, GLOBAL Multigenerational HH Members n = 2,007
- A3 (PHQ-9 Categorization) – **Less than a third of respondents with roommates or living with older generations demonstrate minimal to no symptoms of depression compared to nearly half those who don’t live with roommates and/or older generations**, Roommate HH MOE ± 4%; Multigenerational HH MOE ± 2%; GLOBAL Roommate HH Members n = 526, GLOBAL Multigenerational HH Members n = 2,007

### LGBTQ+ Identity

- A2 (GAD-7 Categorization) – **Nearly a quarter of LGBTQ+ respondents demonstrate severe levels of anxiety compared to over a tenth of those who do not identify as LGBTQ+**, LGBTQ+ MOE ± 3%; Non-LGBTQ+ MOE ± >1%; GLOBAL LGBTQ+ respondents

n = 663, GLOBAL Non-LGBTQ+ respondents n = 15,837

- A3 (PHQ-9 Categorization) – **Over a quarter of respondents identifying as LGBTQ+ demonstrate minimal to no symptoms of depression compared to nearly half those who don’t identify as LGBTQ+**, LGBTQ+ MOE ± 4%; Non-LGBTQ+ MOE ± >1%; GLOBAL LGBTQ+ respondents n = 663, GLOBAL Non-LGBTQ+ respondents n = 15,837

### Parent Life Stage

- A2 (GAD-7 Categorization) – **Nearly two-thirds of parents with children over the age of 18 demonstrate minimal levels of anxiety, compared to over 40% of parents with children less than 18 years of age**, Parents of kids 18+ MOE ± 2%; Parents of kids less than 18 MOE ± 2%; GLOBAL Parents of kids 18+ n = 4,102, GLOBAL Parents of kids less than 18 n = 3,776
- A3 (PHQ-9 Categorization) – **Less than 40% of parents with children less than 18 years old demonstrate minimal signs of depression, compared to 62% of parents of adult children**, Parents of kids 18+ MOE ± 2%; Parents of kids less than 18 MOE ± 2%; GLOBAL Parents of kids 18+ n = 4,102, GLOBAL Parents of kids less than 18 n = 3,776



# 12. A Generational Divide on Mental Health

## Experiencing mild to moderate anxiety

- A2 (GAD-7 Categorization), Global – Gen Z MOE ± 2%; Millennial MOE ± 2%; Gen X MOE ± >1%; Baby Boomer MOE ± >1%; Gen Z n = 3,016, Millennial n = 4,975, Gen X n = 4,375, Baby Boomers n = 3,911
- A2 (GAD-7 Categorization), US – Gen Z MOE ± 5%; Millennial MOE ± 4%; Gen X MOE ± 4%; Baby Boomer MOE ± 4%; US Gen Z n = 447, US Millennial n = 699, US Gen X n = 638, US Baby Boomers n = 657

## Experiencing severe anxiety

- A2 (GAD-7 Categorization), Global – Gen Z MOE ± 1%; Millennial MOE ± 1%; Gen X MOE ± <1%; Baby Boomer MOE ± <1%; Gen Z n = 3,016, Millennial n = 4,975, Gen X n = 4,375, Baby Boomers n = 3,911
- A2 (GAD-7 Categorization), US – Gen Z MOE ± 3%; Millennial MOE ± 2%; Gen X MOE ± 2%; Baby Boomer MOE ± 1%; US Gen Z n = 447, US Millennial n = 699, US Gen X n = 638, US Baby Boomers n = 657

# 13. Gen Z Changed the Conversation—So Why Do They Still Feel Left Out?

## Gen Z’s Mental Health Paradox

- B1\_6: People who go to counselling for mental health problems are mentally weak: Gen Z MOE ± 2%; Gen X-Baby Boomers MOE ± 1%; Gen Z n = 3,016, Gen X-Baby Boomers n= 13,261

## Sitting On The Fence Even When There’s Room On the Couch

- TR2\_1: [For those who are in therapy currently or previously attended] On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please describe your relationship with your current / most recent therapist – I felt understood by my therapist B3B (37%) MOE ± 2%; Gen Z n = 2,043
- TR2\_2: [For those who are in therapy currently or previously attended] On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please describe your relationship with your current / most recent therapist – I trusted my therapist B3B (33%), MOE ± 2%; Gen Z n = 2,043
- TR2\_3: [For those who are in therapy currently or previously attended] On a scale of 1 to 6, where 1 = Strongly Disagree and 6 = Strongly Agree, please describe your relationship with your current / most recent therapist – I was forthcoming with my therapist B3B (34%) MOE ± 2%; Gen Z n = 2,043

## Prioritizing Mental Health Shouldn’t Feel One-Sided

- T5\_1: [shown only to respondents who experienced challenges in A5 and answered ‘No’ to “Accessed any of the above (mental health care services)” in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Cost concerns MOE ± 3%, Gen Z n = 1,231
- T5\_7 : [shown only to respondents who experienced challenges in A5 and answered ‘No’ to “Accessed any of the above (mental health care services)” in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Do not believe it would help MOE ± 3%, Gen Z n = 1,231
- T5\_13 : [shown only to respondents who experienced challenges in A5 and answered ‘No’ to “Accessed any of the above (mental health care services)” in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Waste of time and/or money MOE ± 3%, Gen Z n = 1,231
- T5\_11 : [shown only to respondents who experienced challenges in A5 and answered ‘No’ to “Accessed any of the above (mental health care services)” in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Do not know how to find the right provider MOE ± 3%, Gen Z n = 1,231



# 14. The Social Media Paradox

- SM2\_13: [Shown only to respondents who report any daily social media usage] I am more comfortable discussing my mental health through social media than meeting with a therapist T3B: MOE ± 1%; GLOBAL n = 16,500
- B2\_12: Seeking mental health care typically fails to resolve personal problems T3B x C1\_6 I prefer to use spiritual/religious counseling instead of psychotherapy or medication-based mental health treatments T3B: MOE ± 3%; Gen Z C1\_6 T3B n = 1,058
- SM2\_13: [Shown only to respondents who report any daily social media usage] I am more comfortable discussing my mental health through social media than meeting with a therapist T3B: MOE ± 1%; GLOBAL n = 16,500
- SM2\_8 [Shown only to respondents who report any daily social media usage] I sometimes comment about my own mental health experiences on social media posts x C4\_5 I believe group therapy would meet my health needs better than individual therapy: MOE ± 3%; Gen Z C4\_5 T3B n = 1,079
- SM1: How many hours per day do you typically spend on social media – 4-6 hours + More than 6 hours (20.09%): MOE ± <1%; n = 16,500
- B2\_11: Mental health care rarely improves a person’s overall well-being T3B: ‘I do not use social media’ (30%) MOE ± 2%; ‘4-6 hours’ (47%) MOE ± 2%; ‘I do not use social media’ n = 1,402, ‘4-6 hours’ n = 1,933
- C1\_2: I worry that others might judge me if they find out I sought mental health care T3B: ‘I do not use social media’ group (24%) MOE ± 2%; ‘4-6 hours’ group (45%) MOE ± 2%; ‘I don’t use social media’ n = 1,402, ‘4-6 hours’ n = 1,933
- SM2\_13: [Only asked of people who reported any daily social media use] I am more comfortable discussing my mental health through social media than meeting with a therapist T3B: ‘less than 1 hour’ group (12%) MOE ± 1%; ‘1-2 hours’ group (22%) MOE ± 1%, ‘2-4 hours’ group (31%) MOE ± 1%; ‘4-6 hours’ group (35%) MOE ± 2%, ‘More than 6 hours’ group (38%) MOE ± 3%; ‘Less than 1 hour’ n = 3,676, ‘1-2 hours’ n = 4,299, 2-4 hours’ group n = 3,808, 4-6 hours’ group n = 1,933, ‘More than 6 hours’ group n = 1,382
- B2\_12: Seeking mental health care typically fails to resolve personal problems T3B: ‘I do not use social media’ group (29%) MOE ± 2%; ‘4-6 hours’ group (42%) MOE ± 2%; ‘I don’t use social media’ n=1,402, ‘4-6 hours’ n = 1,933







## 15. Parents Want Help. Getting it is Another Story.

- B1\_2: It's wise for people to seek mental health support even if nothing is wrong T3B: MOE  $\pm$  2%; 'Parents of children less than 18' n = 3,776
- B1\_8: People who go to mental health counseling are different from normal people in a negative way T3B: MOE  $\pm$  2%; 'Parents of children less than 18' n = 3,776
- T5\_1: [Only shown to respondents who indicated challenges in A5 and answered no to 'access any of the above' mental health services in A5] Cost Concerns: MOE  $\pm$  3%; 'Parents of children less than 18' n = 1,468
- T5\_2: [Only shown to respondents who indicated challenges in A5 and answered no to 'access any of the above' mental health services in A5] Time constraints: MOE  $\pm$  3%; 'Parents of children less than 18' n = 1,468
- C4\_4: I would prefer digital therapy (e.g., apps, online sessions) over in-person therapy T3B: MOE  $\pm$  3%; 'Parents of children less than 18' n = 3,776
- C4\_5: I believe group therapy would meet my mental health needs better than individual therapy T3B: MOE  $\pm$  2%; 'Parents of children less than 18' n = 3,776
- T2\_14: I wanted to improve myself: MOE  $\pm$  2%; 'Parents of children less than 18' in therapy n = 2,420
- T2\_13: I wanted to gain self confidence: MOE  $\pm$  2%; 'Parents of children less than 18' in therapy n = 2,420
- T2\_2: I felt anxious or overwhelmed: MOE  $\pm$  2%; 'Parents of children less than 18' in therapy n = 2,420
- T2\_10: I was overwhelmed at work / school: MOE  $\pm$  2%; 'Parents of children less than 18' in therapy n = 2,420
- C4\_9: I prefer to seek professional help rather than try to handle problems on my own T3B: 'Parents of adult children' group MOE  $\pm$  2%; 'Parents of children less than 18' group MOE  $\pm$  2%; 'Parents of adult children' n = 4,102, 'Parents of children less than 18' n = 3,776
- B2\_11: Mental health care rarely improves a person's overall well-being T3B: MOE  $\pm$  2%; 'Parents of children less than 18' n = 3,776



## 19. Global Views on Seeking Help

- B1\_2: It's wise for people to seek mental health support even if nothing is wrong T3B; India MOE  $\pm$  4%, Saudi Arabia MOE  $\pm$  4%, Malaysia MOE  $\pm$  4%, Thailand MOE  $\pm$  4%, UAE MOE  $\pm$  4%, Spain MOE  $\pm$  4%, Brazil MOE  $\pm$  4%, Singapore MOE  $\pm$  4%, Chile MOE  $\pm$  4%, South Africa MOE  $\pm$  4%, Italy MOE  $\pm$  4%, Colombia MOE  $\pm$  4%, Germany\* MOE  $\pm$  3%, France\* MOE  $\pm$  3%, UK\* MOE  $\pm$  3%, Ireland MOE  $\pm$  4%, Canada\* MOE  $\pm$  3%, Australia\* MOE  $\pm$  3%, US\*\* MOE  $\pm$  2%, Sweden MOE  $\pm$  4%, Netherlands\* MOE  $\pm$  3%, Japan MOE  $\pm$  4%, New Zealand MOE  $\pm$  4%
- B1\_6: People who go to counselling for mental health problems are mentally weak T3B; India MOE  $\pm$  4%, Saudi Arabia MOE  $\pm$  4%, Malaysia MOE  $\pm$  4%, Thailand MOE  $\pm$  4%, UAE MOE  $\pm$  4%, Spain MOE  $\pm$  4%, Brazil MOE  $\pm$  4%, Singapore MOE  $\pm$  4%, Chile MOE  $\pm$  4%, South Africa MOE  $\pm$  4%, Italy MOE  $\pm$  4%, Colombia MOE  $\pm$  4%, Germany\* MOE  $\pm$  3%, France\* MOE  $\pm$  3%, UK\* MOE  $\pm$  3%, Ireland MOE  $\pm$  3%, Canada\* MOE  $\pm$  3%, Australia\* MOE  $\pm$  3%, US\*\* MOE  $\pm$  2%, Sweden MOE  $\pm$  4%, Netherlands\* MOE  $\pm$  3%, Japan MOE  $\pm$  4%, New Zealand MOE  $\pm$  3%
- \* n = 1,000, \*\* n = 2,500, all other countries: n = 500 each

## 20. The U.K. is Leading a Cultural Shift in Mental Health Across Europe

### Comfortable Sharing Feelings with Therapist

- C3\_7: I would feel comfortable sharing personal feelings with a counsellor or therapist T3B; UK MOE  $\pm$  3%; EU MOE  $\pm$  1%; UK n = 1,000, EU n = 5,000

### Belief in Equal Treatment

- B2\_10: People with mental health problems seeking counsel should be seen as no different from individuals with physical health problems seeking medical treatment T3B; UK MOE  $\pm$  3%, EU MOE  $\pm$  1%; UK n = 1,000, EU n = 5,000

### Social Media as a Mental Health Connector

- SM2\_3: Social media has increased my awareness of mental health T3B; UK MOE  $\pm$  3%; EU MOE  $\pm$  1%; UK n = 1,000, EU n = 5,000
- SM2\_6: Social media makes me feel more connected T3B; UK MOE  $\pm$  3%; EU MOE  $\pm$  2%; UK n = 1,000, EU n = 5,000
- SM2\_9: I sometimes share social media posts that generally discuss mental health T3B; UK MOE  $\pm$  3%, EU MOE  $\pm$  1%; UK n = 1,000, EU n = 5,000







## 21. Same Symptoms. Different Systems. Very Different Actions.

- T1\_1-9: Currently in individual therapy (in-person and/or online), group therapy, couples therapy, teen therapy, family counselling, school / workplace therapy, spiritual or religious counselling, or crisis intervention services: MOE  $\pm$  2%; US n = 2,500
- T1\_1-9: Currently in individual therapy (in-person and/or online), group therapy, couples therapy, teen therapy, family counseling, school / workplace therapy, spiritual or religious counseling, or crisis intervention services: MOE  $\pm$  2%; UK n = 1,000
- T5\_6: [shown only to respondents who experienced challenges in A5 and answered 'No' to "Accessed any of the above (mental health care services)" in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Stigma concerns: US MOE  $\pm$  1%; UK MOE  $\pm$  4%; US n = 2,087, UK n = 333
- T5\_15: [shown only to respondents who experienced challenges in A5 and answered 'No' to "Accessed any of the above (mental health care services)" in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Concerned about what others might think if they found out: US MOE  $\pm$  1%; UK MOE  $\pm$  4%; US n = 2,087, UK n = 333
- T5\_7: [shown only to respondents who experienced challenges in A5 and answered 'No' to "Accessed any of the above (mental health care services)" in A5] You mentioned experiencing challenges, but have not sought mental health care. Which factors have prevented you from seeking care? – Do not believe it would help: US MOE  $\pm$  2%; UK MOE  $\pm$  5%; US n = 2,087, UK n = 333





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