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Subclinical Mental Health Needs

Unmet Demand and Treatment Access Barriers among Insured Adults, 2022–2023

Victoria Lynch and Lisa Clemans-Cope

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Behavioral health problems are prevalent among US adults and include adults with diagnosed mental illness and subclinical mental health problems such as subthreshold anxiety. A large body of literature describes gaps in prevention and treatment services for adults with mental illness, but less is known about adults with subclinical mental health problems. Subclinical mental health problems are common, affecting up to one-third of adults in the United States, and are linked to distress, functional impairment, previous mental illness, and increased risk of future mental health and substance use disorders. Mental illness and other mental health problems can be prevented and minimized by addressing social determinants of mental health, such as adopting policies that promote family employment, housing, and food stability. Early intervention services that are accessible and acceptable for adults who need them can also prevent and minimize mental illness and other mental health problems. However, few studies focus on adults with subclinical mental health problems despite their substantial numbers and potential for developing a new or recurrence of mental illness.

This brief focuses on insured adults with subclinical mental health problems and unmet demand, defined as reporting treatment need and not receiving any or enough. Using nationally representative data from the 2022-2023 National Survey of Drug Use and Health (NSDUH), we identify adults with subclinical mental health problems and unmet demand and describe their characteristics and treatment barriers across insurance types. Key findings include:

- **Subclinical mental health needs are common among insured adults with unmet demand:** Nearly 30 percent of Medicaid enrollees who report needing but not receiving any or enough treatment have subclinical mental health needs, as do 23 percent of those with Medicare or other government insurance and 16 percent of those with private insurance.
- **Medicaid enrollees with subclinical problems and unmet demand for treatment are younger but report worse health:** Over half (52.1 percent) of this group are under age 26, and nearly 60 percent report fair or poor health—double the rate among their privately insured counterparts, despite their younger age.
- **Treatment barriers among adults with unmet demand are widespread, particularly preferences for autonomy:** Across all insurance types, about two-thirds of adults cited wanting to manage problems on their own, fear of being forced into care, or not wanting to be told to take medication—indicating a mismatch between treatment offered and patient preferences.
- **Difficulty finding a provider is more acute for Medicaid enrollees with unmet demand:** While provider access challenges were common, Medicaid enrollees were significantly more likely than those with private insurance to report not knowing where to go, not finding a preferred provider, or facing a lack of available appointments.
- **Affordability remains a barrier even with insurance:** About half of Medicaid and private enrollees with subclinical mental health problems and unmet demand cited cost-related concerns, compared with about 40 percent of those with Medicare or other government coverage, indicating insurance alone does not resolve cost barriers.

These findings underscore the need to address social determinants of mental health and offer tailored mental health supports that match both the severity of symptoms and the preferences of adults with subclinical mental health problems. Insurance coverage alone is not enough—especially for Medicaid enrollees, who face the highest barriers to access. Addressing affordability, provider availability, and preferences for autonomy will be essential to close access gaps and offer timely, appropriate care for this group.

Background

The economic, social, and political conditions in the United States lead to high levels of poor behavioral health, including diagnosed mental illness and subclinical mental health problems involving stress, grief, and other problems (Eh and Pa 2020). A large body of literature describes gaps in prevention and treatment services for adults with mental illness, but less is known about adults with subclinical mental health problems (Mechanic 2012; Walker and Druss 2017; Walker et al. 2015). Millions of adults in the United States experience subclinical mental health symptoms that do not meet full diagnostic criteria for a disorder but still interfere with daily functioning (Johnson et al. 2022). Estimates from population-based surveys suggest that as many as one-third of U.S. adults may have subclinical mental health symptoms at any given time (Olfson et al. 1996; Grenier et al. 2011). These subclinical mental health

problems are common, persistent, and associated with elevated distress, impairment, and increased risk of recurrence or new mental illness (Pincus et al. 1999; Johnson et al. 2022; Druss et al. 2007).

Mental illness and other mental health problems can be prevented and minimized by addressing social determinants of mental health—such as adopting policies that promote employment, housing, and food stability—and offering early intervention treatment services (Eh and Pa 2020; Druss et al. 2007). Some individuals with subclinical mental health problems seek treatment, particularly in the context of other stressors or co-occurring behavioral health concerns (Druss et al. 2007). About 30 percent of US adults in treatment have subclinical mental health problems, and about two-thirds of these adults have life-time mental illness (Druss et al. 2007). However, little is known about the characteristics and treatment barriers of adults with subclinical mental health problems and unmet treatment demand.

It is important to examine how the characteristics and treatment barriers of adults with subclinical mental health problems vary across insurance types because insurance plans can impact social determinants of mental health (e.g., policies that promote referrals or involve direct services for stabilizing food and housing), and they shape how and what behavioral health services are available (Whitman et al. 2022; Beronio et al. 2014).

This brief examines the characteristics and treatment barriers of insured adults with subclinical mental health problems and unmet treatment demand. The findings by type of insurance provide insight into what kinds of prevention and treatment policy approaches may be needed to promote better mental health in this understudied group.

Methods

We analyze data from the 2022–2023 National Survey on Drug Use and Health (NSDUH), focusing on insured adults ages 18 and older who reported needing mental health treatment but not receiving any or enough ("unmet demand"). We define insurance type as Medicaid (n=1,029, including Children's Health Insurance Program and excluding Medicare enrollees), Medicare, and other government coverage, including military, or other public programs (n=457), and private insurance (n=3,253). Mental illness severity is categorized using NSDUH's validated model based on psychological distress and functional impairment (National Survey on Drug Use and Health (NSDUH): Methodological Summary and Definitions 2024). Adults with subclinical mental health problems are those who reported needing treatment but did not meet NSDUH thresholds for any diagnosed mental illness.

We characterize this population by age, race/ethnicity, sex, metropolitan area, and self-rated health. Substance use disorder is assessed using NSDUH's DSM-5–based classification. Treatment barriers are based on 15 NSDUH items, capturing issues of affordability, access, stigma, motivation, and self-reliance.

Our analysis accounts for the complex survey design of the NSDUH, including adjusting for sampling weights, clustering, and stratification of the data. We report weighted estimates by insurance type and use SAS 9.4 to conduct chi-square tests for differences in population characteristics and t-tests

for treatment barriers. This cross-sectional study was approved by the Urban Institute Institutional Review Board.

Limitations include relying on the NSDUH prediction model to identify mental illness severity rather than structured diagnostic interviews. Unmet need is self-reported and may not align with the clinician's assessment of need for mental health treatment. We do not examine adults whom clinicians or others may think need mental health treatment.

Results

Most insured adults with unmet demand for mental health treatment have a mental illness, but a sizable share—29.8 percent of Medicaid, 23.3 percent of other government, and 16.2 percent of private enrollees—have subclinical mental health problems (table 1). Medicaid enrollees with unmet need for mental health treatment have statistically significantly lower levels of mental health severity compared with those private enrollees. Roughly 40 percent of enrollees with unmet demand and private insurance (39.1 percent) or Medicare or other government (40.4 percent) have severe mental illness compared with 26.1 percent among these Medicaid enrollees. These findings highlight both the sizable presence of subclinical need and the variability in mental health severity by insurance type among insured adults with unmet demand for mental health treatment.

Adults with subclinical mental health problems and unmet demand for treatment differed by insurance type across demographic characteristics, self-reported health, substance use disorder, and treatment barriers (table 2). Over half (52.1 percent) of Medicaid-enrolled adults with subclinical mental health problems and unmet demand for treatment are under age 26, compared with only 21.1 percent of those with Medicare or other government insurance and 26.4 percent of privately insured adults. In contrast, adults ages 50 and older make up just 7.3 percent of the Medicaid group, but 62.1 percent of those with Medicare or other government insurance and 18.9 percent of those with private insurance. Despite their younger age, a majority (59.4 percent) of Medicaid enrollees report fair or poor health—twice the share of privately insured adults (29.9 percent) and higher than those with Medicare or other government coverage (49.5 percent). One potential factor in their different health status is the higher prevalence of substance use disorder in this group: 39.6 percent of Medicaid enrollees have moderate or mild substance use disorder, compared with 16.5 percent of those with Medicare or other government coverage and 26.7 percent of those with private insurance.

Treatment barriers were common across insurance types among adults with subclinical mental health problems and unmet treatment needs. Many reported wanting to manage the problem on their own terms—including indicating that they "thought [they] should be able to handle it on [their] own," were "afraid [they] would be forced [into treatment] against [their] will," or "thought would be told to take meds." This preference was reported by 69.1 percent of Medicaid enrollees, 66.4 percent of those with Medicare or other government insurance, and 65.9 percent of those with private insurance.

Difficulty finding a treatment provider was also widespread, including reasons such as "didn't know where to go," "couldn't find a provider [they] liked," or "no appointments available." This barrier was

reported by 68.8 percent of Medicaid enrollees with unmet need, 60.6 percent of those with Medicare or other government coverage, and 58.4 percent of those with private insurance.

Several barriers also differed significantly between Medicaid enrollees and adults with Medicare or other government coverage, with unmet treatment demand for subclinical mental health problems. Affordability concerns—such as "thought [it would] cost too much," "no health insurance," or "insurance didn't cover enough"—were reported by 54.0 percent of Medicaid enrollees, compared with 39.4 percent of those with Medicare or other government insurance. Not having enough time was cited by 37.8 percent of Medicaid enrollees versus just 19.5 percent of adults with Medicare or other government insurance.

TABLE 1

Distribution of Insured Adults with Unmet Mental Health Treatment Demand by Type of Insurance and Severity of Mental Health Problem, 2022/2023

Mental health problem severity among adults with unmet demand for treatment varies by insurance type

	Type of Insurance										
	Medicaid (n=1,029)			Other Government (n=457)			P Value	Private (n=3,253)			P Value
Severity of mental health problem	Weighted pop (1,000s)	Col %	95% CI	Weighted pop (1,000s)	Col %	95% CI		Weighted pop (1,000s)	Col %	95% CI	
Subclinical	1,027	29.8	(25.7, 34.0)	556	23.3	(17.3, 29.3)		2,169	16.2	(14.1, 18.3)	
Mild mental illness	851	24.7	(20.4, 29.1)	395	16.5	(10.6, 22.5)		2,208	16.5	(14.2, 18.8)	
Moderate mental illness	666	19.4	(15.5, 23.2)	472	19.8	(13.2, 26.4)		3,779	28.2	(25.8, 30.7)	
Severe mental illness	897	26.1	(21.2, 31.0)	964	40.4	(32.1, 48.7)	.012	5,228	39.1	(36.0, 42.1)	<.001
Total	3,441			2,387				13,385			

Source: Author analysis of National Survey on Drug Use and Health (NSDUH), 2022 to 2023.

Notes: Col = column; CI = confidence interval. Population estimates are weighted and reported in thousands. Estimates reflect the NSDUH's complex sampling design. Adults are ages 18 and older. "Medicaid" includes Children's Health Insurance Program (CHIP) and excludes Medicare. "Other government" includes Medicare, military, or other public coverage. Mental illness is based on NSDUH measures predicted from self-reported psychological distress and functional impairment using the Mental Health Surveillance Study (MHSS) model. Chi-square tests assess whether severity distributions for other public or private coverage differ from Medicaid. Statistical significance is set at $p < 0.01$.

TABLE 2

Characteristics of Insured Adults with Subclinical Mental Health Problems and Unmet Treatment Need, by Insurance Type, 2022/2023

Characteristics and treatment barriers vary by insurance coverage among adults with unmet demand for treatment

	Type of Health Insurance										
	Medicaid (n=1,029)			Other Government (n=457)				Private (n=3,253)			
Characteristics	Weighted pop (1,000s)	Col %	95% CI	Weighted pop (1,000s)	Col %	95 % CI	P Value	Weighted pop (1,000s)	Col %	95% CI	P Value
Age											
Less than 26	467	52.1	(42.1, 62.1)	203	21.1	(13.6, 28.6)		1,379	26.4	(22.8, 30.0)	
26-49	364	40.6	(30.0, 51.1)	162	16.9	(8.2, 25.5)		2,863	54.8	(49.7, 59.9)	
50+	65	7.3	(0.6, 14.0)	598	62.1	(51.8, 72.3)	<.001	986	18.9	(13.3, 24.4)	<.001
Race/ethnicity											
Hispanic	268	29.9	(19.4, 40.4)	61	6.3	(2.4, 10.3)		655	12.5	(10.3, 14.7)	
Non-Hispanic Black	126	14.1	(9.0, 19.1)	117	12.2	(3.8, 20.5)		476	9.1	(5.7, 12.5)	
Non-Hispanic White	379	42.3	(34.0, 50.5)	692	71.8	(62.7, 80.9)		3,592	68.7	(63.7, 73.7)	
Other Non-Hispanic	123	13.8	(5.5, 22.0)	94	9.7	(3.1, 16.3)	<.001	506	9.7	(6.0, 13.4)	<.001
Sex[a]											
Female	535	59.7	(48.2, 71.2)	529	54.9	(43.3, 66.6)		3,096	59.2	(53.7, 64.7)	
Male	362	40.3	(28.8, 51.8)	434	45.1	(33.4, 56.7)	.335	2,132	40.8	(35.3, 46.3)	.919
Metropolitan area											
Large metro	550	61.3	(51.8, 70.8)	621	64.5	(54.3, 74.6)		3,309	63.3	(58.9, 67.7)	
Small metro	243	27.1	(19.2, 34.9)	293	30.4	(19.8, 41.0)		1,561	29.9	(25.8, 34.0)	
Nonmetropolitan	105	11.7	(4.1, 19.3)	49	5.1	(1.5, 8.7)	.011	358	6.8	(4.8, 8.9)	.145
Self-perception of health											
Fair/poor	533	59.4	(49.5, 69.4)	477	49.5	(37.6, 61.4)		1,564	29.9	(25.7, 34.2)	
Good/excellent	364	40.6	(30.6, 50.5)	487	50.5	(38.6, 62.4)	0.048	3,664	70.1	(65.8, 74.3)	<.001
Substance use disorder											
Moderate/severe	199	22.2	(12.4,32)	38	3.9	(0.3, 7.5)		568	10.9	(8.1, 13.6)	
Mild	156	17.4	(11.4,23.5)	122	12.6	(5.2, 20.0)		828	15.8	(11.7, 19.9)	
None	594	66.2	(55.7,76.8)	807	83.8	(73.9, 93.6)	<.001	3,956	75.7	(71.3, 80.0)	<.001
Treatment barrier											
Affordability	484	54	(44.1,63.9)	380	39.4	(29.5, 49.3)	.034	2,576	49.3	(43.4, 55.1)	.409
Finding a provider	618	68.8	(60,77.7)	584	60.6	(48.8, 72.5)	.262	3,054	58.4	(53.8, 63.0)	.036

	Type of Health Insurance										
	Medicaid (n=1,029)			Other Government (n=457)				Private (n=3,253)			
Characteristics	Weighted pop (1,000s)	Col %	95% CI	Weighted pop (1,000s)	Col %	95 % CI	P Value	Weighted pop (1,000s)	Col %	95% CI	P Value
Age											
Stigma	307	34.2	(24.5,43.9)	211	21.9	(14.9, 29.0)	.038	1,402	26.8	(21.9, 31.7)	.170
Motivation	482	53.8	(43.8,63.8)	598	62	(49.8, 74.2)	.292	2,887	55.2	(50.8, 59.7)	.796
Handle on own	620	69.1	(60.5,77.8)	640	66.4	(55.7, 77.1)	.691	3,446	65.9	(60.1, 71.7)	.536
Not enough time	339	37.8	(28.8,46.7)	187	19.5	(13.2, 25.7)	<.001	2,147	41.1	(36.7, 45.4)	.503

Source: Author analysis of National Survey on Drug Use and Health (NSDUH), 2022 to 2023.

Notes: Col = column; CI = confidence interval. Population estimates are weighted and reported in thousands. Estimates reflect the NSDUH's complex sampling design. Adults are ages 18 and older. "Medicaid" includes Children's Health Insurance Program (CHIP) and excludes Medicare. "Other government" includes Medicare, military, or other public insurance. Mental illness is defined using NSDUH's model based on self-reported psychological distress and functional impairment. Other non-Hispanic adults include American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and multiracial individuals (not shown separately due to small sample sizes). Substance use disorder is based on NSDUH variables using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. Barriers are aggregated from 15 NSDUH items asked of adults who reported needing but not receiving mental health treatment. Chi-square tests compare demographic and health characteristics with those of Medicaid enrollees. For treatment barriers, two-tailed t-tests assess whether means differ from the Medicaid group. Statistical significance was set at $p < 0.01$.

Discussion

This study found that severity of unmet mental health needs varies across insurance types. Our finding that a sizeable share of insured adults with unmet need for mental health care have subclinical symptoms points to the importance of improving prevention and treatment services for adults with subclinical mental health care needs (Druss et al. 2007). Tailored prevention and treatment options for adults with subclinical symptoms may minimize mental health problems and treatment barriers—particularly where early intervention is feasible but traditional services are unavailable, unaffordable, or perceived as inappropriate. Tiered care models, which match individuals to support ranging from self-guided tools to clinician-led therapy based on symptom severity, offer a promising approach (Wolitzky-Taylor et al. 2023). AI-based conversational agents are a rapidly evolving new approach that has been shown to reduce anxiety and depression symptoms through accessible, on-demand support (Li et al. 2023), while peer support groups can help overcome stigma and foster connection among people hesitant to seek formal care (Lyons et al. 2021).

The findings also point to how prevention and treatment services could be better aligned with needs and preferences of adults with subclinical mental health problems and unmet treatment demand. Many insured adults with subclinical symptoms report a preference for managing problems independently and doubt that existing treatment options would help. Structural barriers, such as difficulty finding providers or affording care, are common across insurance types but are especially acute for Medicaid enrollees.

Reducing and meeting demand for mental health treatment among insured adults with subclinical mental health problems will require innovations that address affordability, expand access to providers, and offer prevention and treatment options that support individual autonomy. Approaches that empower adults with subclinical mental health problems while accommodating diverse preferences and care needs may be especially effective in closing these gaps.

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About the Authors

Victoria Lynch is a principal research associate in the Health Policy Division. Lynch has expertise in substance use disorder, mental health, disability, and adolescent, young adult, and maternal health, Medicaid, health care use and expenditure, as well as health surveys, enrollment, claims, and encounter data, and quality metrics. Lynch has numerous publications from research examining survey methods, participation in Medicaid/CHIP, prevalence, and characteristics of people with behavioral health disorders, gaps in recommended health services, and other health services topics. Lynch has a BS in politics from Princeton University and an MS in survey methodology from the University of Maryland, University of Michigan, and Westat.

Lisa Clemans-Cope is a senior fellow in the Health Policy Division at the Urban Institute. Her areas of expertise include substance use disorder and opioid use disorder and treatment; health use and spending; access to and use of health care, private insurance, and Medicaid and the Children's Health Insurance Program; people dually eligible for Medicare and Medicaid; health reform legislation and

regulation; and health-related survey and administrative data. Clemans-Cope has published her research in the *New England Journal of Medicine*, *Health Affairs*, *Pediatrics*, and *Inquiry*. Clemans-Cope has a BA in economics from Princeton University and a PhD in health economics from the Johns Hopkins Bloomberg School of Public Health.

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500 L'Enfant Plaza SW
Washington, DC 20024

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