

Mental Health in Colorado

Are Things Really Getting Better?

MAY 2026

The 2025 Colorado Health Access Survey (CHAS) revealed a finding that surprised some people – mental health has improved for the first time in a decade. The change comes after years of local and statewide initiatives to expand access and coverage and to improve outcomes. Keeping this context in mind, we approach this subject with healthy skepticism and ask: Are things really getting better? And for whom?

A Bird's-Eye View of Mental Health in Colorado

Rates of Poor Mental Health

Nearly 21 percent of Coloradans 5 and older reported poor mental health in 2025, down from 26.1% in 2023 (see Figure 1). The CHAS asks respondents how many days in the last month their mental health was “not good.” If a respondent reports eight or more days, they are classified as experiencing poor mental health.

National screening data showed similar trends. [Severe depression](#) among Coloradans under 18 rose to 107.3 per 100,000 in 2023 – the fifth highest in the nation – but declined to 64.8 per 100,000 by 2025, approaching pre-pandemic levels. Adults showed a similar improvement, with rates declining from 31.1 per 100,000 in 2023 (eighth highest nationally) to 11.7 per 100,000 in 2025.

Mental Health Care Utilization and Access

Access to mental health care also improved, with 12.9% of Coloradans not getting needed mental health care in 2025, down from 16.9% in 2023 (see Figure 2).

Takeaways

- Coloradans' mental health improved, with the statewide average rate of poor mental health returning to pre-pandemic levels. Investments in programs for school-age youth and culturally responsive mental health care began to make a difference.
- However, not all Coloradans enjoyed the same improvement.
- Affordability concerns, social media use, and loneliness all contributed to mental health challenges. To address mental health more comprehensively and sustainably, these underlying factors must be addressed.
- CHAS data suggest that Coloradans also face barriers to getting substance use care. This important component of the behavioral health story in Colorado should be explored further to understand the full spectrum of behavioral health care.

Figure 1. 2025 halted a years-long trend of increasingly poor mental health.

Topic: Percentage of Coloradans who reported eight or more days of poor mental health in the past month.

Population: Coloradans 5 and older. **Years:** 2013-2025.

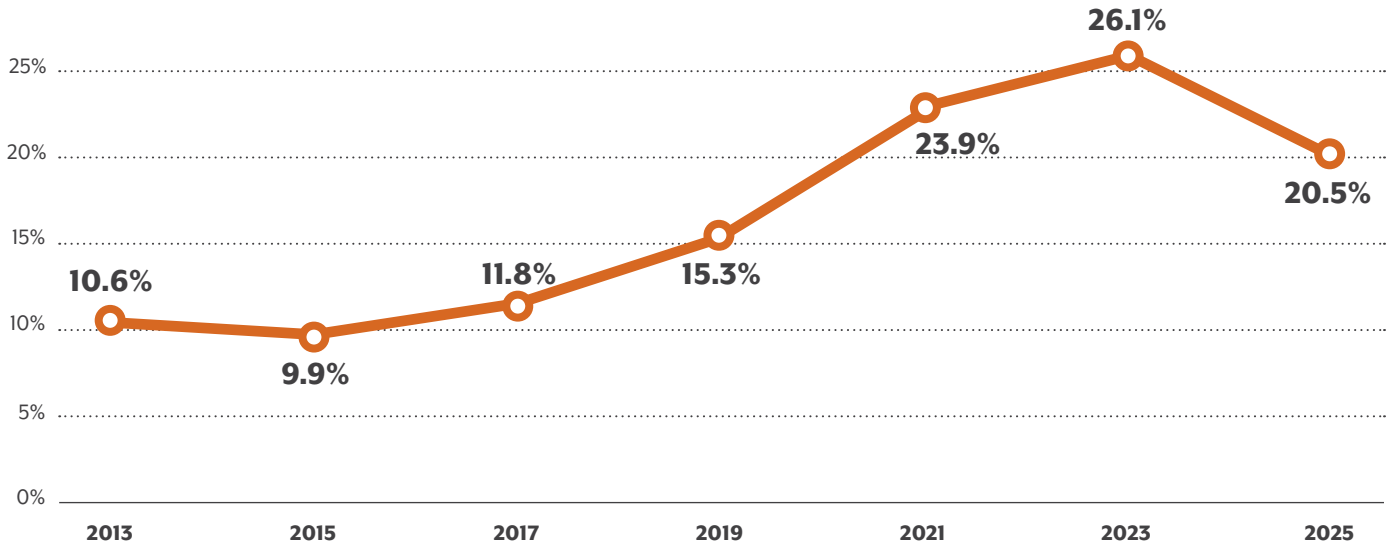


Figure 2. Mental health care access improved in 2025.

Topic: Percentage of Coloradans who didn't get needed mental health care services in the past year.

Population: Coloradans 5 and older. **Years:** 2013-2025.

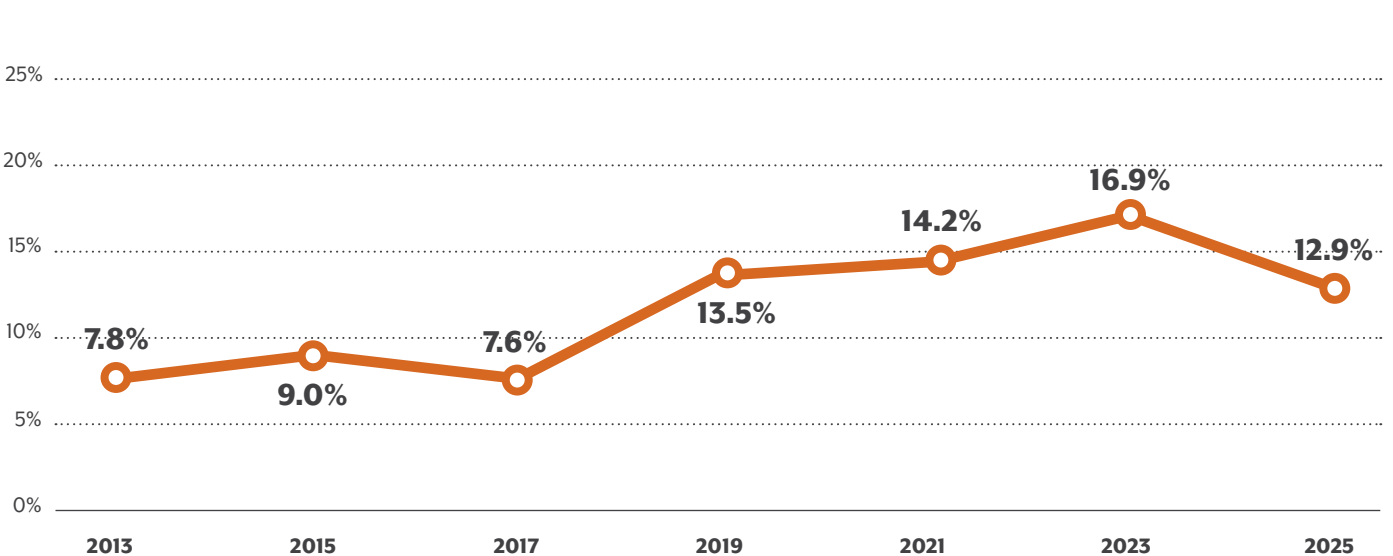
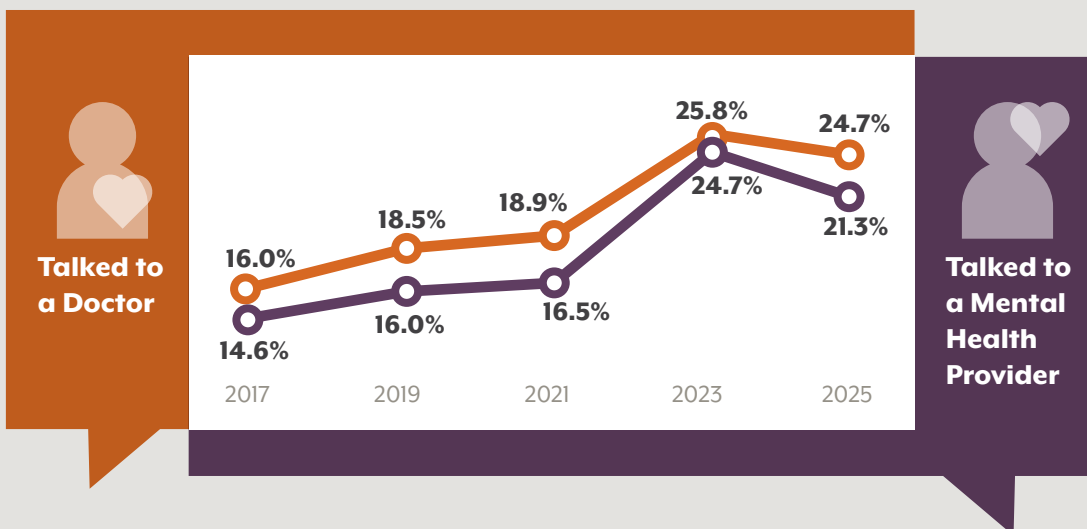


Figure 3. More Coloradans talked to medical providers about mental health.

Topic: Percentage of Coloradans who spoke to a medical provider about their mental health, by provider type.
Population: Coloradans 5 and older.
Years: 2017-2025.

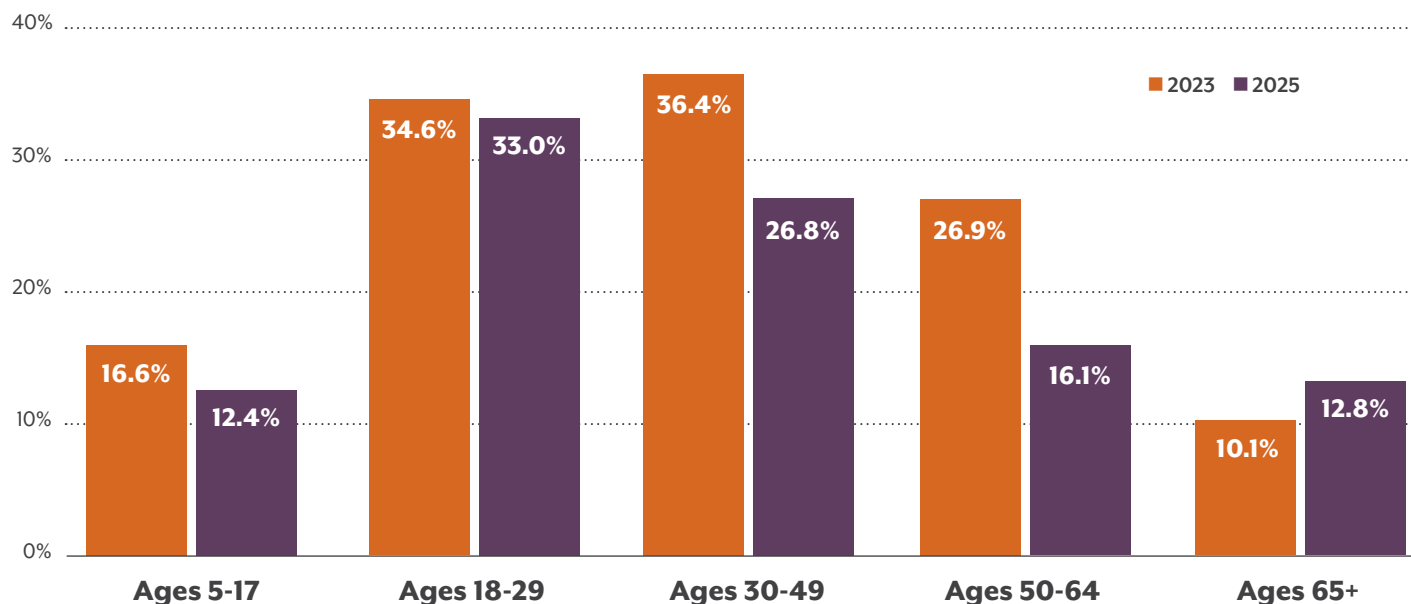


Since 2017, the percentage of Coloradans who talked about their mental health with either a primary care or mental health provider also increased (see Figure 3). This reflected the growing need for mental health care, increased willingness and social acceptance to seek care, and greater engagement from providers in discussing and screening for mental health.

Although fewer Coloradans reported poor mental health in 2025, their engagement with providers remained similar to 2023. This likely reflects growing routine screening for mental health, particularly in primary care settings, rather than people seeking care only in crisis. In the future, consistent routine screening combined with decreased use of mental health providers may suggest that mental health care is shifting from an acute to a preventive model.

Figure 4. Rates of poor mental health improved for adults ages 30-64.

Topic: Percentage of Coloradans who reported poor mental health in the past month.
Population: Coloradans 5 and older, by age group. **Years:** 2023-2025.



Identifying Progress: Getting Care to People With the Greatest Needs

Mental health improvements were not equally distributed across populations and communities. The following sections examine where progress was most apparent — and where gaps remained.

► Age

Improvements in mental health were most apparent for adults ages 30 to 64 (see Figure 4). However, for other age groups, including young adults and older adults, rates of poor mental health appeared to hold steady following years of worsening mental health. According to the CHAS, access problems for Coloradans ages 5 to 17 halved, with only 8.0% of Colorado youth unable to get needed mental health care in the past year (see Figure 5).

These access improvements are especially pronounced for middle and high school age youth,

who went from 21.0% reporting access issues in 2023 to 7.5% in 2025 (see Figure 6).

Following growing investment in programs for school-age youth, supply for needed mental health support and resources may be catching up to demand. However, young adults ages 18 to 24 still experienced high rates of poor mental health and access issues. This suggests that Colorado does not have adequate mental health support for people entering adulthood — a vulnerable time when many young people transition away from supportive school or home environments they may have relied on.

Figure 5. Mental health care access problems dropped by half for kids and middle-age adults.

Topic: Percentage of Coloradans who didn't get needed mental health care in the past year.

Population: Coloradans 5 and older, by age group. **Years:** 2023-2025.

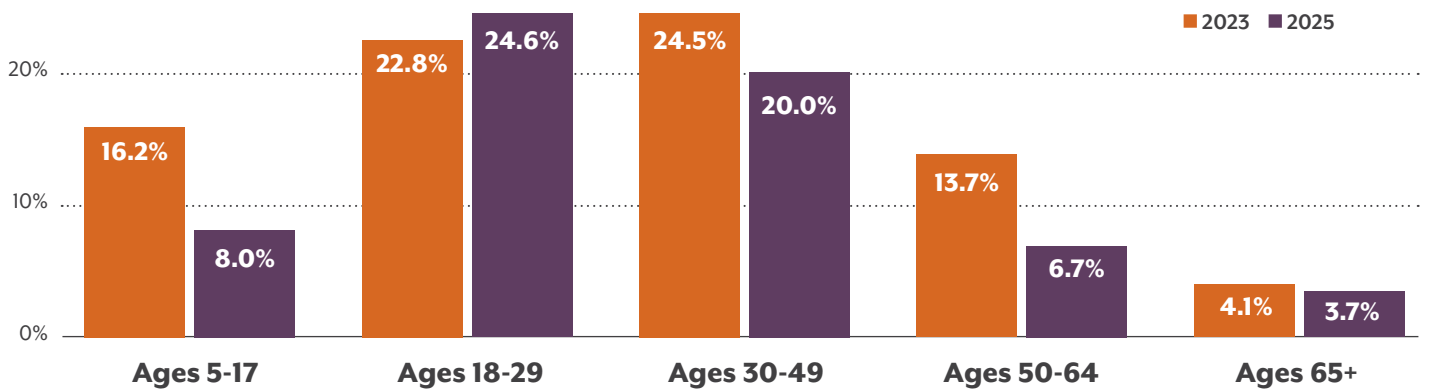
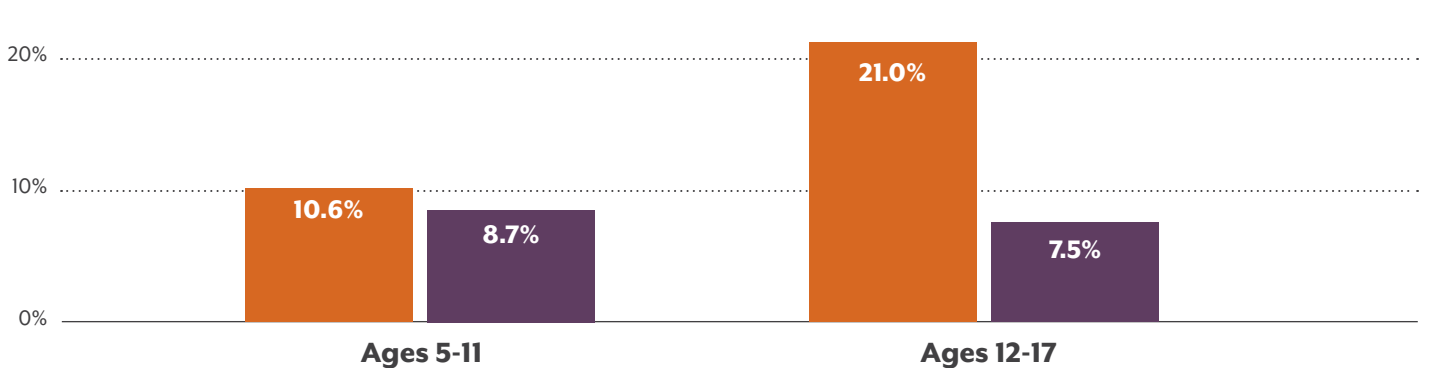


Figure 6. Middle and high schoolers saw major gains in mental health care access.

Topic: Percentage of youth who did not get needed mental health care in the past year.

Population: Coloradans 5 to 17, by age group. **Years:** 2023-2025.



► **Race**

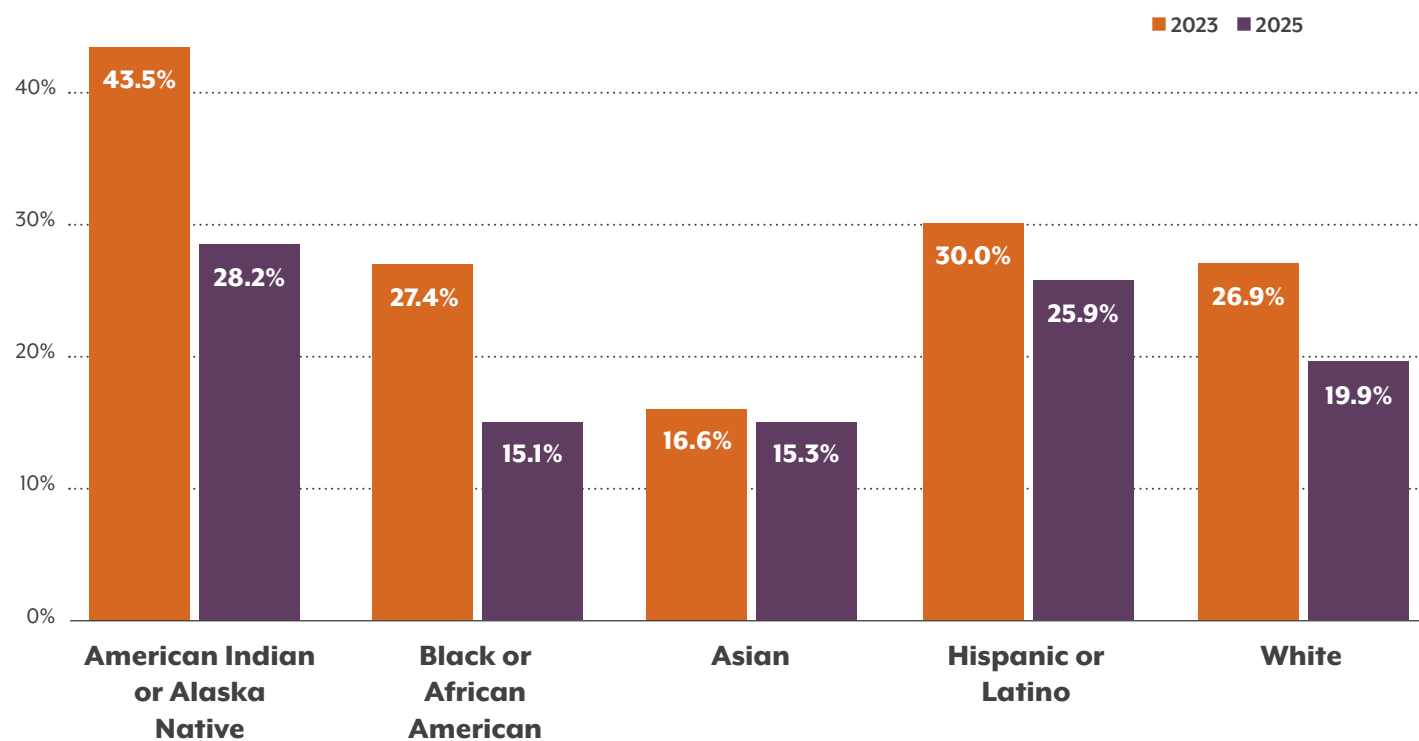
Coloradans of color were more likely to experience poor mental health, with American Indian or Alaska Native Coloradans experiencing some of the highest rates of poor mental health (see Figure 7). This suggests a need for more culturally responsive mental health outreach and treatment approaches — including a focus on provider

workforce diversity, support for ancestral and community healing, and peer support models. Although many racial and ethnic groups showed improvements in mental health between 2023 and 2025, only those for Black or African American and white Coloradans were statistically significant.

Figure 7. Mental health significantly improved for Black or African American Coloradans.

Topic: Percentage of Coloradans who reported eight or more days of poor mental health in the past month.

Population: Coloradans 5 and older, by race/ethnicity.* **Years:** 2023-2025.



* Data for those who identify as Native Hawaiian or Other Pacific Islander and Middle Eastern or North African were not reportable due to sample size.



Beginning with the 2025 CHAS, CHI has changed the way we report demographic data to better reflect people’s multiple racial and ethnic identities. Race and ethnicity data is now analyzed using non-mutually exclusive groups, meaning that a person who said they belonged to multiple racial/ethnic groups is shown in each of those groups.

► Gender

In 2025, both women and men showed improvements in mental health, although only men showed a statistically significant improvement (see Figure 8).

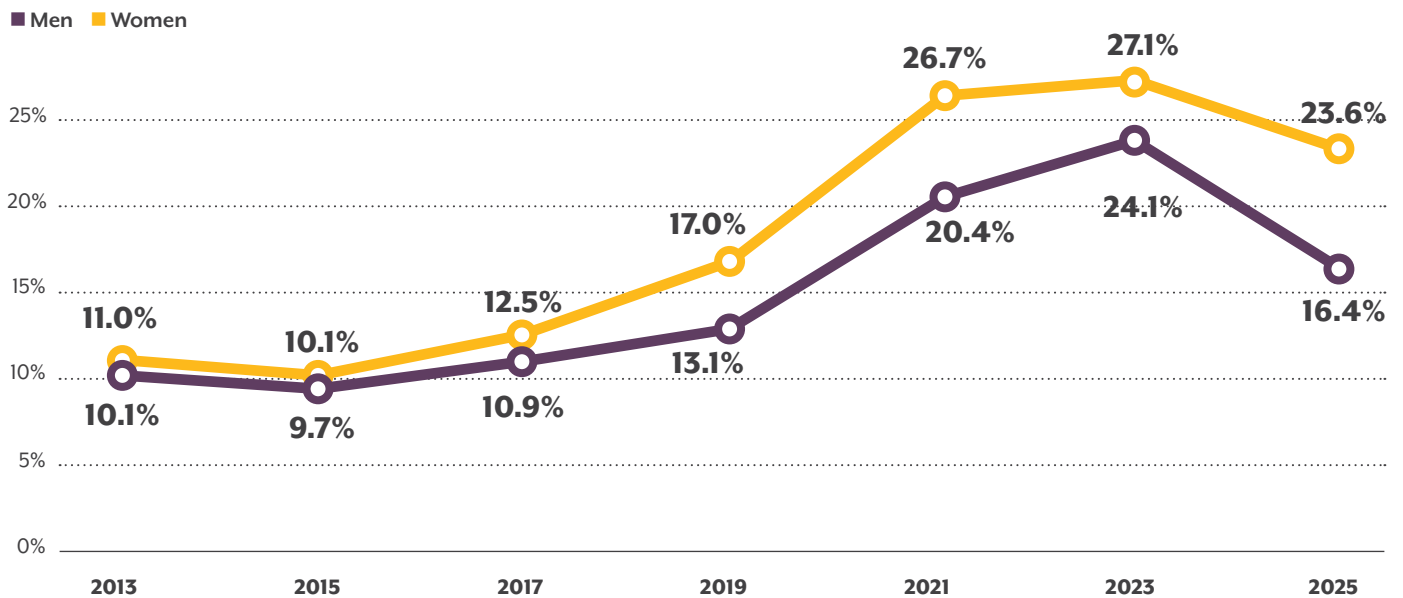
Rates of poor mental health for men and women began to diverge in 2017, with rates increasing rapidly for women between 2017 and 2021. Men had a slower increase in poor mental health, but the numbers kept worsening through 2023. This suggests that rates of poor mental health for men may have primarily been driven by the COVID-19 pandemic, and thus improved when the pandemic

subsided. But women's mental health challenges were driven by other factors that intensified well before COVID. While the pandemic amplified women's mental health challenges, as the pandemic ended, rates of poor mental health did not decrease at the same rate as they did for men. Additionally, while access to care has improved for both men and women, women were also still more likely to report access issues, with 14.4% unable to get needed mental health care compared with 10.0% of men in 2025.

Figure 8. Colorado men showed a statistically significant improvement in their mental health in 2025.

Topic: Percentage of Coloradans who reported poor mental health in the past month.

Population: Coloradans 5 and older, by gender. **Years:** 2013-2025.



► Severity

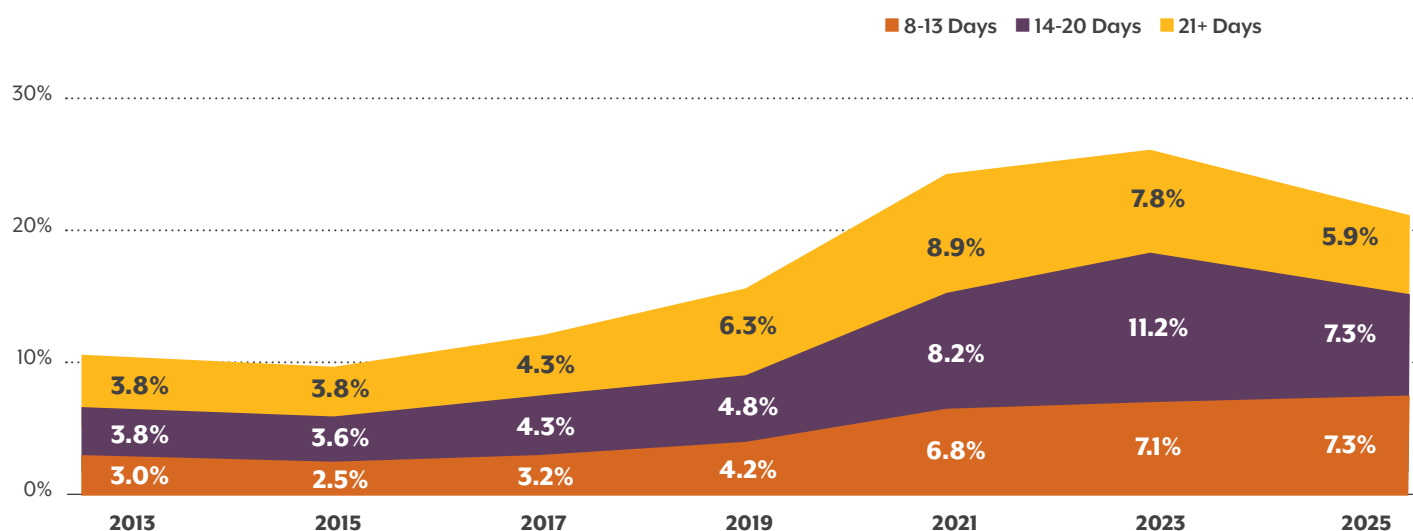
The CHAS asks people how many days in the past month their mental health was not good. Eight or more days are defined as having poor mental health, though there is a wide range of severity. The biggest improvements since 2023 were among Coloradans with the most severe mental health challenges — those with 14 or more bad mental health days per month (see Figure 9).

This trend suggests that people experiencing the highest severity of mental health challenges may be receiving more effective support. While the proportion of Coloradans in the 8-13 day category has not declined, this likely reflects that Coloradans who previously experienced more frequent mental health distress have moved into this category, which is a positive sign.

Figure 9. Fewer Coloradans experienced frequent mental health distress in 2025.

Topic: Percentage of Coloradans who reported poor mental health in the past month.

Population: Coloradans 5 and older, by frequency of poor mental health. **Years:** 2013-2025.



Ongoing Challenges: Addressing the Underlying Causes

While certain Coloradans saw mental health improvements, these improvements were not universal, and over 880,000 Coloradans still experienced poor mental health. For more equitable and sustainable improvements, Colorado must address causes of poor mental health and systemic barriers to care. This section examines both topics.

Systemic Drivers of Poor Mental Health

Economic Stress

Affordability pressures are deeply connected to mental health in Colorado. People facing challenges paying for housing, health care, or food were three times as likely to report poor mental health, with renters and those living alone among the most vulnerable. These patterns show that financial strain is not just an economic issue but a mental health risk factor — one that disproportionately affects people experiencing food insecurity and single-adult households (see figures 10 and 13).

Implications of Digital Harm

Digital technology use is increasingly recognized as a contributor to poor mental health among young people. In 2023, [more than half of American teens](#) reported spending four or more hours per day on screens, and those with higher daily screen time also experienced elevated rates of depression and anxiety symptoms. Social media use in particular intensifies these challenges by exposing teens to

social comparison, pressure, and harmful or unsafe content, including cyberbullying, illicit drug and firearm sales, and sexually explicit material. Nearly [one in four teens](#) said that social media makes them feel worse about their own lives, and [64% reported being](#) often or sometimes exposed to hate-based content on these platforms.

These national trends were supported by the 2025 CHAS, which found that 23.0% of Coloradans who reported using social media in the past month experienced poor mental health compared with just 13.1% of those who did not. This association was even more pronounced for those ages 12-17, with teens who use social media nearly three times more likely to experience poor mental health (see Figure 11).

The 2025 CHAS also found that LGBTQ+ Coloradans use social media and experience poor mental health at higher rates than straight and cisgender Coloradans. Many LGBTQ+ people may use social media to seek connection online but may encounter elements of online culture that harm their mental health. Expanding safe and accessible spaces for connection is an important complement to digital harm reduction efforts.

Figure 10. Affordability issues impacted mental health.

Topic: Percentage of Coloradans who reported eight or more days of poor mental health in the past month. **Population:** Coloradans 5 and older, by affordability challenge. **Year:** 2025.

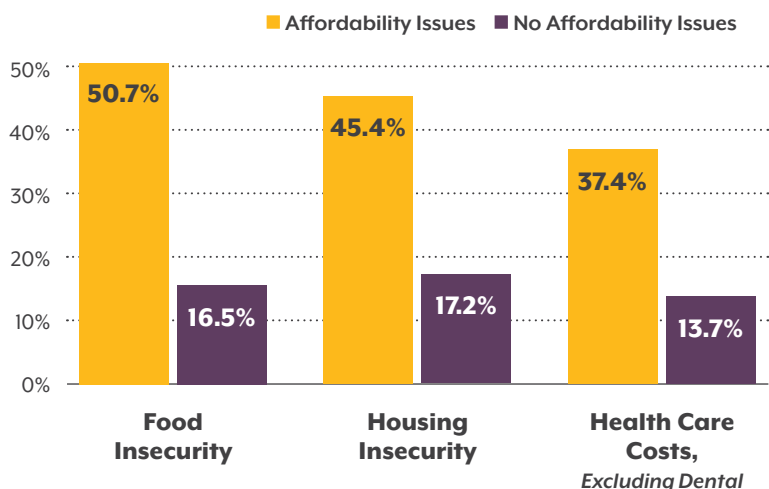
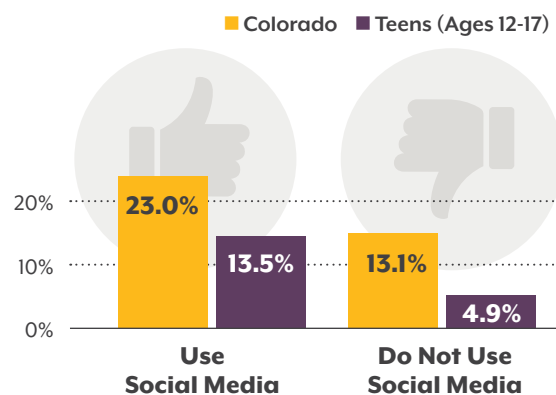


Figure 11. Social media use impacted mental health.

Topic: Percentage of Coloradans who reported poor mental health in the past month. **Population:** Coloradans 5 and older, by internet use for social media. **Year:** 2025.



Loneliness

Loneliness has emerged as a growing public health concern, [receiving national attention](#) in recent years. In 2025, 21.7% of Coloradans (more than one in five people) reported [feeling lonely](#), with rates especially high among gender-diverse individuals, people with disabilities, young adults, and Native American communities. Loneliness is closely tied to mental health outcomes; people who report feeling isolated, left out, or lacking companionship were more than five times as likely to experience poor mental health (see Figure 12).

While media coverage has [focused on men](#) and the male loneliness epidemic, CHAS data suggests the opposite — women are more likely to experience both loneliness and poor mental health at higher rates, with 24.0% of Colorado women experiencing loneliness compared with

17.8% of men, a trend that is consistent with national figures.

Living Alone

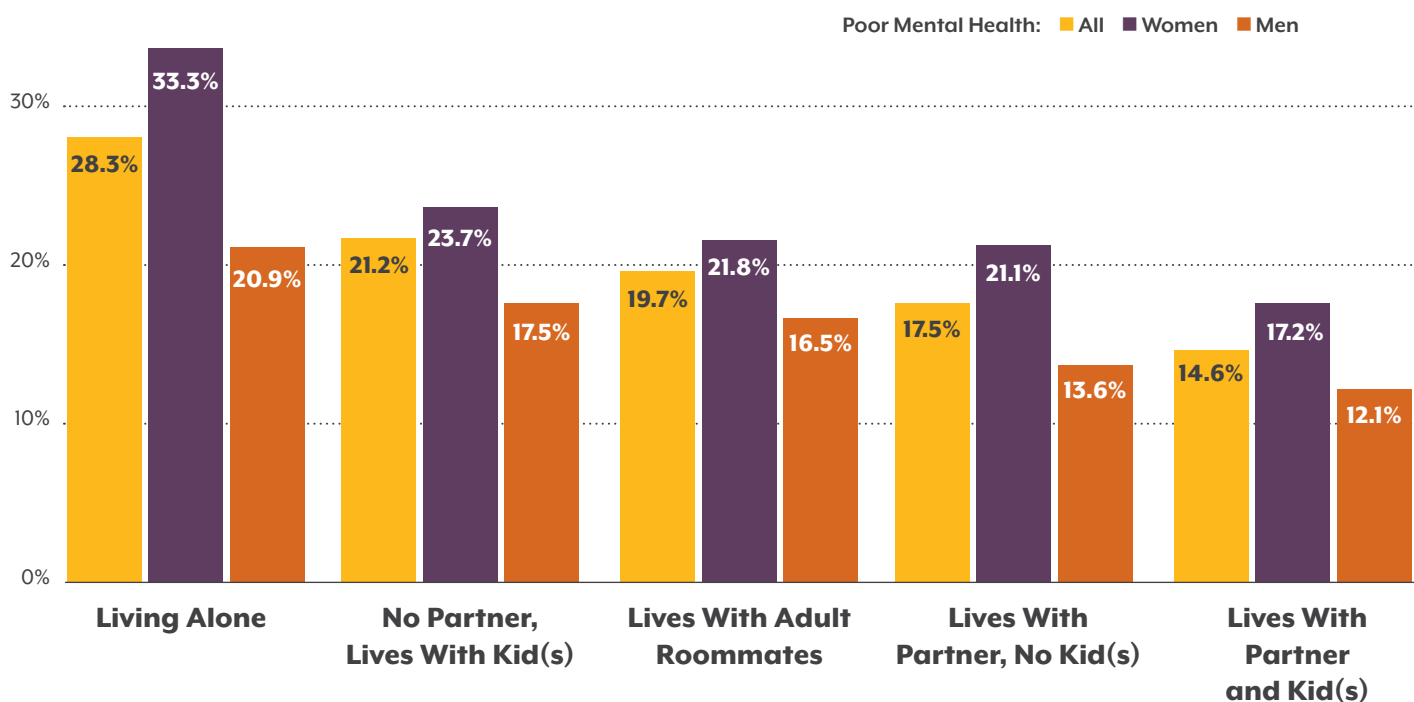
While loneliness is more complex than simply being alone, household composition does play a role in Coloradans' mental health experiences. Single adults living alone experienced higher rates of poor mental health compared with other household compositions (see Figure 13).

While women in all living arrangements experienced poor mental health at higher rates than men, women living alone were most likely to experience poor mental health. This group was also more likely to experience other factors, such as loneliness and affordability concerns, that contributed to poor mental health.

Figure 13. Single households experienced poor mental health at higher rates than other household types.

Topic: Percentage of select groups reporting poor mental health.

Population: Coloradans over 18, by household composition. **Year:** 2025.



Substance Use Challenges

While CHAS data primarily speak to mental health outcomes and access to mental health care, substance use is an important and often overlapping area of concern. In the 2025 CHAS, about 69,000 Coloradans said they needed but were unable to get treatment for alcohol or drug use in the past year. National data showed that many people with substance use disorders do not receive treatment due to personal barriers. Nationally, 74.1% felt they should handle their use on their own, 65.6% were not ready to start treatment, and 60.1% were not ready to stop or cut back. Policymakers and coalitions are actively working on creative solutions to help mitigate the impacts of alcohol use, but significant challenges remain.

Systemic Barriers to Care

Cost and Coverage of Care

Access to care challenges contributed to unmet need, and the 2025 CHAS shed light on these barriers. Among those who could not access needed care, cost and coverage concerns were the most frequently cited barriers (see Figure 14). At the same time, demand remains high: Children's Hospital Colorado reported a [55% increase](#) in inpatient pediatric mental health volumes between 2020 and 2024, and the [Behavioral Health Administration](#) projects a statewide shortage of 4,400 mental health providers in 2026.

These access barriers did not just affect individuals but reverberated throughout the entire health care system. When access to timely and appropriate outpatient care is limited, demand tends to migrate to the costliest and least flexible settings, such as emergency departments, a pattern that is particularly acute in rural Colorado and of major concern for hospitals and payers alike.

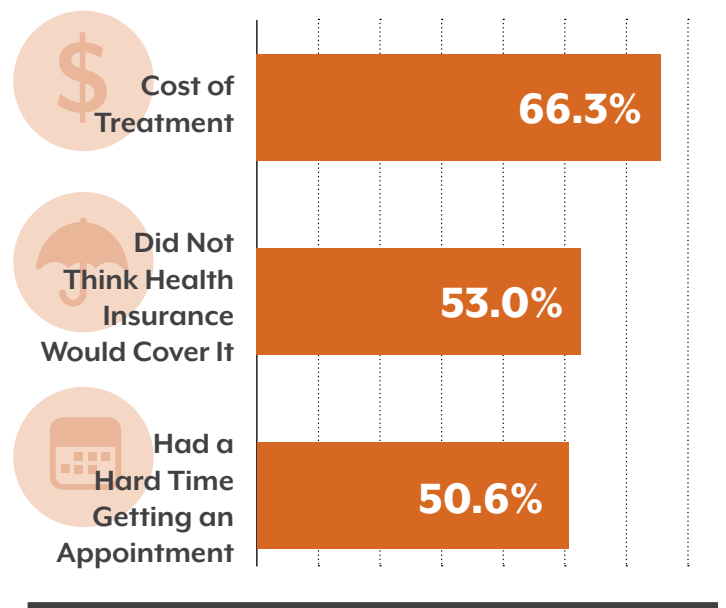
Stigma

In the past decade, many local and statewide anti-stigma campaigns aimed to make mental health and substance use challenges more visible and accepted. More Coloradans accessed needed mental health care and talked about their mental health with a provider, yet a growing share of those not accessing care cited stigma concerns as a major barrier (see Figure 15).

Figure 14. Cost and coverage restraints affected whether Coloradans got needed care.

Topic: Percentage of Coloradans reporting barriers to accessing needed mental health care.

Population: Coloradans 5 and over who didn't get needed mental health care in the last year. **Year:** 2025.



Stigma is classified as people who did not get needed mental health care because they did not feel comfortable talking to a provider about personal problems or were concerned about what would happen if someone found out they had a problem.

Men, Black or African Coloradans, and older adults (ages 65+) were among those most likely to forgo mental health care due to stigma concerns.

Conclusion

Overall, mental health in Colorado showed signs of improvement, particularly for those facing the most severe challenges. Investments in mental health for school-age Coloradans may be starting to yield results. Yet for Colorado to achieve sustained and equitable progress in improving mental health, addressing the underlying causes — economic stress, digital harm, and loneliness — as well along with the contextual factors that

make getting care possible — cost and stigma — is essential. Colorado has taken steps to improve the quantity and availability of care; the next phase should focus on improving care quality and affordability while addressing the social and economic conditions that shape mental health in the first place.

Taylor Kelley, Suman Mathur and Lindsey Whittington contributed to this report.



colo.health/CHAS25