Mass General Brigham
McLean

2025

Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) —Massachusetts General Hospital and Brigham and Women's Hospital. Alongside these flagship institutions, the system includes specialty hospitals that expand its depth of expertise: McLean Hospital for psychiatry and neuroscience, Spaulding Rehabilitation Hospital for rehabilitation medicine, and Mass Eye and Ear for ophthalmology and otolaryngology. These hospitals, together with high-quality community hospitals such as Newton-Wellesley and Salem, are deeply connected to the mission of Mass General Brigham —advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

At our specialty hospitals, our mission extends beyond delivering advanced clinical care. We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Across the MGB system, thousands of individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which are more than just reports: they are roadmaps for action for our hospitals and our system. They call on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

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Chief Community Health and Health Equity Officer
Mass General Brigham

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I. Background

Founded in 1811, McLean Hospital is the flagship psychiatric hospital for the Mass General Brigham Healthcare System. It offers a full spectrum of care spanning inpatient, acute and longer-term residential, partial hospitalization (day treatment) and outpatient services. McLean is also home to two therapeutic schools. McLean provides specialized academic and clinical programs for children and adolescents, as well as dedicated services for older adults with Alzheimer's disease, other dementias and late onset mental illness. A teaching affiliate of Harvard Medical School, McLean Hospital is dedicated to improving the lives of people and families affected by psychiatric illness. McLean pursues this mission by:

- Providing the highest quality compassionate, specialized and effective clinical care, in partnership with those whom we serve;
- Conducting state-of-the art scientific investigation to maximize discovery and accelerate translation of findings towards achieving prevention and cures;
- Training the next generation of leaders in psychiatry, mental health and neuroscience; and
- Providing public education to facilitate enlightened policy and eliminate stigma.

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

As also required, a description of our investments in community health, actions taken since the last CHNA, and related outcomes include:

- Completion a $250 million fundraising campaign to open a new child and adolescent campus, which will house the majority of McLean's clinical and education programs focused on youth

- Deconstructing Stigma, a campaign aimed to increase visibility, provide public education and reduce treatment barriers related to psychiatric illnesses has become a mobile exhibit and has been featured in the Massachusetts State House, and in areas frequented by underrepresented and underserved populations

- Expanded options for virtual treatment including the adult partial program in Middleboro and the ambulatory consultation service

II. Methods

A. Definition of priority community and populations

As a freestanding psychiatric hospital and for the purpose of the needs assessment, McLean Hospital recognizes ***individuals of all ages and their families across the state of Massachusetts who are affected by psychiatric illness and substance use disorders***. We further identify groups that are more likely to be overlooked in receiving treatment as part of our priority populations: ***children; older adults; people of racial and ethnic minorities, including immigrant populations, and those with limited English proficiency; person with disabilities; and others with substantial treatment access barriers***.

Our location: McLean Hospital is located in Belmont, MA, providing care in the Northeastern area of MA. For nearly two decades, McLean has expanded its clinical reach beyond Belmont to communities throughout Massachusetts. McLean established a campus in Middleboro which provides emergency

psychiatric coverage to hospitals in Attleboro and Plymouth and inpatient and ambulatory psychiatric consultative services in an Attleboro hospital. McLean also has satellites in Western MA and the Greater Boston areas.

Our patients: McLean provides a significant number of inpatient services for the state and nearby areas. It houses 309 inpatient beds across McLean's Belmont and Middleborough campuses (DMH license). In FY24, McLean provided 99,755 inpatient days of care for 6,324 distinct people (See Appendix A). The majority of our patients are in the Northeast (62%) and Southeast (25%) areas of MA, most residing in the area surrounding our two largest campuses in Belmont and Middleboro. We also have a presence in the Western and Central areas, collectively accounting for 5% of the inpatient population we serve. Other states comprise 7.6% of our population served, with 3.8% from nearby New England states and the remaining 3.6% from other states. Children under 18 and older adults, ages 65 and over, account for 5.4% and 8.6% of our patients, respectively.

B. Data Sources

Due to McLean's highly specialized mission and services, as well as where McLean patients live in Massachusetts, we rely on community, regional and state-wide public health and community needs assessments. Specifically, the 2025 CHNA utilized patient data from our internal systems (See Appendix A); primary data on behavioral health needs from focus groups and key informant interviews conducted across MGB, including from the service areas of Mass General facilities located in Boston, Nantucket, Foxborough, Martha's Vineyard, Salem, and Newton (See Appendix B); and secondary data on mental health (See Appendix C), children and older adults (See Appendix D), substance use disorders (See Appendix E), and health disparities (See Appendix F). All data referenced below is included in the listed Appendices.

C. Role of the Community Advisory Board

McLean Hospital assembled an ad-hoc[1] Community Advisory Board (CAB) for its 2025 CHNA comprised of 10 internal and external community leaders, providers, and researchers with experience working with the target populations and addressing barriers to care and their clinical needs. Two meetings were held to accommodate members' schedules, one on September 19 and the second on September 25, 2025. The CAB members reviewed the assessment findings, affirmed the hospital's target community and populations, determined the priorities to be addressed in the hospital's next Community Health Improvement Plan, and approved the CHNA.

III. Assessment Findings

Compared to other U.S. states, Massachusetts residents experience better access to psychiatric and behavioral health care. However, significant gaps remain. About one in five residents report having had a behavioral health visit in the past year, yet disparities in access and treatment are clear. Children and adolescents are more likely to receive care than older adults. Racial and ethnic minorities—especially Hispanic and Asian residents—report lower utilization and higher unmet needs. Poverty, disabilities, gaps in insurance coverage, limited provider availability, and other social determinants exacerbate these disparities. While Massachusetts benefits from high insurance coverage rates and telehealth adoption, substantial unmet needs persist, particularly for older adults, minority communities, and low-income populations. Primary caregivers of patients with severe psychical and physical illnesses, are shown to have substantially worse mental health.

Mental Illness Prevalence in Massachusetts: In 2023, 21.6% of Massachusetts residents aged five and older reported at least one behavioral health visit within the past year Prevalence varies by age. Children ages 5–18 had the highest rates of behavioral health visits (24.8%), while adults 65+ had the

[1] Following the approval of the 2025 CHNA, McLean will finalize the CAB membership and work with members to develop the 2025 CHIP.

lowest (11.1%).

Among older adults, depression remains a significant concern: approximately 31% of Massachusetts residents aged 65+ have been diagnosed with depression, with some communities reporting rates near 49%.

Youth mental health indicators suggest worsening outcomes. In 2020, nearly half (48%) of youth ages 14–24 reported feeling so sad or hopeless for two weeks or more. Trauma exposure is also high, with 36% of children ages 0–17 experiencing at least one trauma or major stressor. According to the Massachusetts Autism Commission Report, about 70% of children with autism have at least one co-occurring psychiatric disorder, and 41% have at least two comorbid disorders.

Disparities in Diagnosis and Treatment: Racial and ethnic disparities persist in Massachusetts. Hispanic residents are significantly more likely to forgo care due to cost compared with non-Hispanic White residents. Non-Hispanic Asian residents are less likely to report behavioral health visits than their White counterparts.

DMH reported inequities in timeliness, cultural appropriateness, and quality of care among communities of color. Barriers also include limited provider availability, particularly for bilingual services, hearing and visual disabilities, and stigma around seeking mental health care.

Older adults (65+) are markedly underrepresented in treatment utilization despite high prevalence of depression and anxiety. Stigma, mobility barriers, and limited geriatric psychiatric specialists contribute to underdiagnosis and undertreatment.

Health Disparities and Social Determinants: Social determinants strongly shape access to psychiatric care and mental health outcomes in Massachusetts. Residents with lower incomes are significantly more likely to report unmet behavioral health needs due to cost, and food insecurity or financial hardship, which has been shown to correlate with greater mental health struggles among older adults.

Insurance continuity is also a major predictor of access, as individuals who are uninsured at any point in the prior year are far more likely to forgo needed care because of financial barriers. Educational attainment further influences outcomes, with older adults who have lower levels of education experiencing a higher prevalence of mental health challenges. Recent data from Massachusetts indicate that 54% of family caregivers reported feeling “very or extremely stressed” in 2023, up from 48% in 2017.

Geography and workforce availability represent additional obstacles: psychiatric provider shortages and long wait times, particularly for MassHealth recipients and in rural areas, limited timely care. Language and cultural factors compound these challenges, as limited English proficiency reduces awareness of available services and coverage options; notably, approximately 16% of Massachusetts residents aged 65 and older speak a language other than English at home.

Substance Use: The Massachusetts Department of Public Health reported 2,125 confirmed and estimated opioid-related overdose deaths in 2023, representing a 10% decrease from 2022. This reduction lowered the statewide opioid overdose death rate from 33.5 per 100,000 residents in 2022 to 30.2 in 2023. However, opioids continue to drive the crisis, implicated in nearly nine out of ten drug overdose deaths between 2019 and 2022.

Disparities in overdose mortality and treatment access remain significant. In 2022, non-Latinx Black residents experienced a 42% increase in overdose death rates and Latinx residents a 16% increase, while non-Latinx White residents saw declining rates. Geographic inequities further compound the crisis, with rural regions reporting overdose death rates as high as 35.6 per 100,000 in 2023. Contributing factors include limited availability of medications for opioid use disorder, provider shortages, and fewer treatment

facilities in rural communities.

The treatment gap persists at the population level. According to the National Survey on Drug Use and Health, more than 1.2 million Massachusetts residents aged 12 and older had a SUD in 2022–2023, yet nearly 77% of those individuals—over 1 million people—did not receive treatment. Co-occurring conditions are common, with 9.3% of adults experiencing both SUD and any mental illness, and approximately 3% living with SUD and a serious mental illness.

Psychiatric comorbidities are highly prevalent among individuals with SUD and complicate treatment outcomes. The Center for Health Information and Analysis reported that 45% of adult inpatients had at least one behavioral health comorbidity, a proportion rising to 62% among Medicaid patients. 11% of hospitalized adults had true co-occurrence of mental health and substance use disorders, with comorbidity most frequent among younger adults, Medicaid patients, and specific geographic regions. Patients with behavioral health comorbidities also had longer hospital stays, averaging 5.7 days compared with 4.3 days for those without such conditions.

Primary Source Findings

Chronic stress, anxiety, depression, and social isolation are widespread, with significant disparities in access to care driven by factors such as racism, discrimination, language barriers, and economic hardship. Provider shortages, insurance limitations, and transportation difficulties further hinder access, especially for marginalized groups including immigrants, seniors, and low-income residents. The COVID-19 pandemic intensified these issues, amplifying isolation and mental health disparities. While some progress has been made through telehealth and community initiatives, systemic barriers and funding cuts continue to limit the availability and effectiveness of behavioral health services statewide.

Across the focus groups and interviews conducted with service providers and individuals within the catchment area of several MGB hospitals, a number of specific needs were identified:

- MGB's Boston hospitals: Persistent social isolation and disparities in depression treatment, especially among Asian, Black, and Latinx residents; higher treatment rates for younger adults, women, and LGBTQ individuals.
- Newton Wellesley Hospital: Access to behavioral health services is especially difficult for those without insurance; loss of key resource navigation services; rising youth vaping and substance use.
- Salem Hospital: Growing gap in care for MassHealth recipients due to fewer clinicians; lack of psychiatric beds causing ED burnout; loss of domestic violence advocacy and youth/gang violence concerns.
- Martha's Vineyard Hospital: Therapist shortages and lack of gerontology expertise; increased substance abuse among young and older adults; need for Portuguese-speaking clinicians and crisis stabilization services.
- Nantucket Cottage Hospital: Service reductions due to budget cuts, especially impacting immigrants; significant drop in mental health service utilization among Spanish and Portuguese-speaking residents; travel and digital equity barriers to care.

IV. Conclusions

MGB's community health mission is to achieve meaningful improvements in health outcomes that will increase life expectancy, reduce premature mortality and improve quality of life in the communities we serve. At the MGB level, we have prioritized addressing leading causes of death and premature mortality—cardiometabolic disease, cancer (colorectal), and substance use disorder. Addressing these health priorities must include solutions that target the health-related social risks and root causes driving these conditions—housing, food insecurity, access to care and services. The specialty hospitals, like McLean, provide both depth and expansion of expertise for our community and serve the mission of MGB—advancing patient care, research, medical education and community. The combined efforts of our academic medical centers, specialties, and community hospitals allow for a coordinated system where

mission, health priorities and social determinants reinforce one another.

McLean's 2025 CHNA found that there are inadequate mental and behavioral health services across all levels of care (inpatient, residential, partial hospitalization/day treatment and outpatient) for children, adolescents, adults and elders in need. Youth show worsening mental health outcomes, with nearly half reporting persistent sadness and hopelessness. Older adults have high rates of depression but are underrepresented in treatment. Both age groups face unique barriers: stigma, mobility issues, and shortages of specialized geriatric or youth services. In addition, communities with residents predominantly with historically marginalized identities have been consistently underserved. There are disparities in care access -by race, ethnicity, language, and income. Insurance disruptions, stigma, and cultural barriers further limit timely access. Hispanic, Asian, immigrant, and low-income residents experience more unmet needs and barriers to care. There is a need for more public education, dialogue to destigmatize mental illness and substance misuse, as well as promotion of mental health wellness and resiliency.

With regard to the conditions impacting life expectancy in our communities and quality of life of community members, opioids remain the leading driver of overdose deaths, with fentanyl present in most cases. Hereto disparities are pronounced: overdose mortality is rising among Black and Latinx residents while declining among White residents. Rural communities face the highest overdose death rates, compounded by limited treatment availability. Additionally, psychiatric comorbidities are highly prevalent among patients with substance use disorders.

Nearly half of hospitalized patients present with behavioral health comorbidities, especially younger and Medicaid populations. Comorbid patients experience longer inpatient stays and require more integrated, coordinated treatment approaches.

Systemic challenges, including workforce shortages, impact access to care, particularly for the most marginalized members of our communities. Shortages of psychiatric providers, long wait times, and limited bilingual clinicians reduce service access. MassHealth patients and rural residents are disproportionately affected. Hospital systems are strained, with psychiatric bed shortages contributing to ED overcrowding.

Figure 1 below summarizes the CHNA conclusions regarding the target communities and populations, primary health concerns, and barriers to care.

Figure 1. Conclusions from 2025 CHNA

Target communities	Individuals of all ages and their families across the Commonwealth affected by psychiatric illness and substance use disorders
Target populations	Children, older adults, people of underserved groups including racial, ethnic, and immigrant populations, with disabilities, limited English proficiency, and others with substantial treatment access barriers, including those in rural communities
Primary health conditions	Substance use disorders (especially related to opioids) and serious and/or co-morbid mental health conditions
Barriers to care	**Access and Equity Gaps**: Linguistic, cultural, and socio-economic barriers to care; food and housing insecurities, insurance disruptions, stigma, low health/mental health literacy; lack of specialized services for youth and older adults. **Workforce and System Capacity Challenges**: Shortages of psychiatric providers, long wait times, and limited availability of bilingual clinicians; limited services available to those utilizing MassHealth; psychiatric bed shortages

In their September 19 and 25 meetings, CAB members reviewed the findings from the CHNA and approved the following priorities and objectives for the hospital's next CHIP.

Figure 2. McLean 2025 CHNA priorities

Priorities	Objectives
Health priorities	Improve the health of community members, especially related to: • Substance use disorders • Co-morbid and serious mental health conditions
Improving access to care	Improve access to care and decrease equity gaps, especially those related to: • Language and culture • Socio-economic status • Insurance • Stigma • Health literacy • Workforce shortages and systemic capacity challenges

In addition, the CAB members discussed the following points:

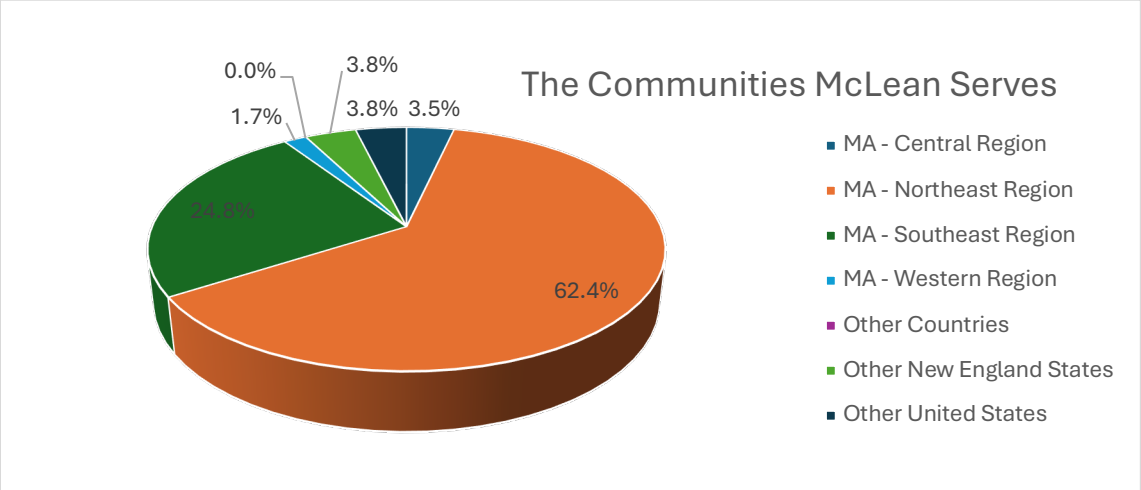
- People with disabilities, particularly those with hearing and visual impairments, face additional challenges and barriers to care.
- Members of LBGTQ+ community, particularly youth, experience additional challenges accessing appropriate care and vulnerabilities.
- Effects of mental health on the household:
  - Family members tend to de-prioritize their own mental health while caring for a loved one with mental illness.
  - Due to substance-use deaths, we've lost a generation of parents, increasing the role of grandparents and extended family members.
  - Child mental health, especially when untreated, can have lasting impacts in the family system including higher incidence of divorce, household trauma, adjustment problems, and PTSD symptoms.
  - Parents, in general, are experiencing more stressors which are impacting their wellbeing

The CAB also discussed challenges related to the current economic climate:

- Food and housing insecurities are becoming a major barrier, oftentimes pushing people to rural areas with less where treatment is scarcer and less individualizable
- There are higher barriers for immigrant populations.
- Work requirements and other changes to Medicaid will be particularly challenging for older adults, people with disabilities, and people with limited English
- Changes to telehealth policies could pose challenges in accessibility especially for people in rural communities, with lower income, from diverse ethnic and racial backgrounds, and those who may face increased familial stigma.
- There has been an increase in overall psychic stress including existential and climate concerns for younger populations.

V. Appendices
Appendix A: McLean Patients

Inpatient Populations Statistics, FY24: In Fiscal Year (FY) 2024 (October 1, 2023 – September 30, 2024) McLean discharged 6,324 inpatients and provided 99,755 inpatient days of care, 55,876 residential days, 17,673 partial hospital days and 63,339 outpatient/ambulatory visits. There are a total inpatient of 309 beds licensed by the state Department of Mental Health across McLean's Belmont and Middleborough campuses. FY24 free care write offs were $4,195,208.



Note: Asterisk(*) indicates data are suppressed due to small cell size (n<15)

Breakdown by McLean Inpatient Population, FY24		
Communities	**Breakdown**	**Percent**
MA - Western Region	107	1.7%
MA - Central Region	224	3.5%
MA - Northeast Region	3944	62.4%
MA - Southeast Region	1566	24.8%
Other Countries	*	0.0%
Other New England States	241	3.8%
Other United States	240	3.8%
Unavailable	*	0.0%
Total	**6324**	**100%**
Race	**Breakdown**	**Percent**
American Indian or Alaska Native	*	0%
Asian	256	4%
Black or African American	658	10%
Native Hawaiian or Other Pacific Islander	*	0%
White	4565	72%
Unlisted	827	13%
Total	**6324**	**100%**

Identified Sex	Breakdown	Percent
Female	3208	51%
Male	3106	49%
X	*	0%
Unavailable	*	0%
Total	**6324**	**100%**
Age	**Breakdown**	**Percent**
<=13	46	0.7%
13-17	300	4.7%
18-34	2671	42.2%
35-64	2763	43.7%
65-74	390	6.2%
75 and older	154	2.4%
Total	**6324**	**100%**
Ethnicity Disclosed	**Breakdown**	**Percent**
Hispanic	678	10.72%
Not Hispanic	5074	80.23%
Prefer not to say/Decline	67	1.06%
Unavailable	505	7.99%
Total	**6324**	**100%**
Breakdown by Population: Children		
Communities, Under 18	**Breakdown**	**Percent**
MA - Western Region	*	2%
MA - Central Region	16	5%
MA - Northeast Region	124	36%
MA - Southeast Region	186	54%
Other New England States	*	1%
Other United States	*	3%
Total	**346**	**100%**
Race, Under 18	**Breakdown**	**Percent**
Asian	19	5.49%
Black or African American	40	11.56%
White	225	65.03%
Unavailable	62	17.92%
Total	**346**	**100.00%**

Identified Sex, Under 18	Breakdown	Percent
Female	239	69.08%
Male	107	30.92%
Total	**346**	**100.00%**
Ethnicity Disclosed	**Breakdown**	**Percent**
Hispanic	36	10.40%
Not Hispanic	245	70.81%
Prefer not to say/Decline	*	1.45%
Unavailable	60	17.05%
Total	**346**	**100.00%**

Breakdown by Population: Older Adults, 65+

Communities, Ages 65+	Breakdown	Percent
MA - Western Region	17	3%
MA - Central Region	18	3%
MA - Northeast Region	307	56%
MA - Southeast Region	166	31%
Other Countries	*	0%
Other New England States	23	4%
Other United States	*	2%
Total	**544**	**100%**
Race, Ages 65+	**Amount**	**Percent**
Asian	*	1.29%
Black or African American	23	4.23%
White	475	87.32%
Unavailable	39	7.17%
Total	**544**	**100.00%**
Identified Sex, Ages 65+	**Breakdown**	**Percent**
Female	301	55.33%
Male	243	44.67%
Total	**544**	**100.00%**
Ethnicity Disclosed	**Breakdown**	**Percent**
Hispanic	642	10.74%
Not Hispanic	4829	80.78%
Prefer not to say/Decline	62	1.45%
Unavailable	445	7.44%
Total	**544**	**100.00%**

Regions and Communities: Patients are classified in 4 main MA regions: Northeast, Southeast, Central, and Western. The Metro Boston area which used to be an independent regional class is now consolidated within the Northeast area.

Insurer Mix

FY24 Inpatient Payer Mix as % of days

	September			Year to Date		
	Oak St	All Other	Total	Oak St	All Other	Total
Allways Health	5.8%	9.5%	8.8%	9.4%	8.4%	8.6%
Blue Cross	26.7%	19.6%	20.9%	24.5%	17.3%	18.7%
Government - Other	7.1%	0.6%	1.8%	1.6%	3.0%	2.7%
Harvard Pilgrim	9.3%	3.8%	4.8%	8.4%	5.4%	6.0%
Medicaid	6.2%	3.3%	3.8%	7.3%	7.1%	7.2%
Medicaid Managed Care	16.3%	18.4%	18.0%	15.0%	14.8%	14.8%
Medicare	9.7%	21.1%	19.0%	11.4%	21.3%	19.3%
Medicare Managed Care	7.5%	8.4%	8.2%	5.5%	8.9%	8.2%
Other Managed Care	4.3%	4.4%	4.4%	7.6%	5.4%	5.8%
Self Pay/Other	4.7%	3.3%	3.5%	1.5%	1.4%	1.4%
Tufts	1.8%	0.0%	0.3%	1.4%	1.3%	1.4%
United	0.5%	7.6%	6.3%	6.3%	5.8%	5.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Medicaid/Medicaid Managed	22.5%	21.7%	21.8%	22.4%	21.9%	22.0%

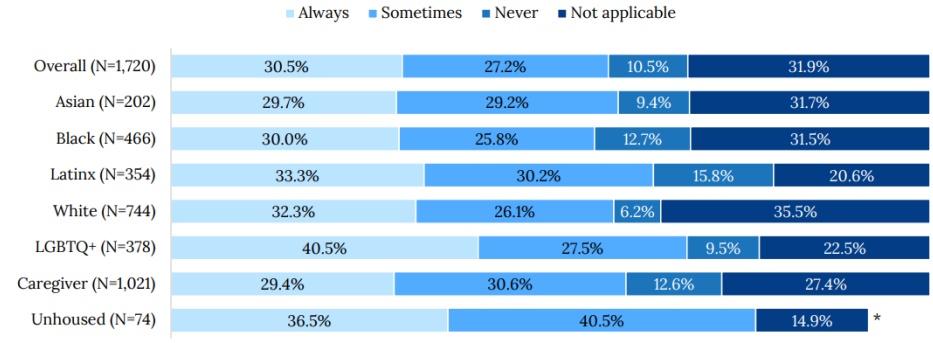
Appendix B: Primary Data from Focus Groups

Below are behavioral health findings from primary data collection across the MGB system related to behavioral health to inform the 2025 McLean Hospital CHNA.

Boston: Mental Health continues to be a concern among residents. Shaped by a person's traits,

behaviors, life experiences, and circumstances, mental health is also influenced by social and economic conditions, such as prolonged exposure to racism, discrimination, oppression, or exclusion. These conditions can cause ongoing stress, further exacerbating negative mental health outcomes and adversely impacting the day-to-day lives of individuals. Additionally, the connection between emotional wellbeing and physical health is well-documented. Mental health and chronic stress were top concerns among community health survey respondents overall and for most communities of focus. These topics also came up in a majority of discussions, specifically concerns related to high levels of chronic stress, conditions such as anxiety and depression, and gaps in access to mental health providers. Approximately one in four Boston adults reported experiencing persistent anxiety. Trends are seen in the data on depression treatment, with significantly lower rates of treatment among Asian, Black, and Latinx residents and significantly higher rates of treatment among younger adults, female residents, and LGBTQ residents. These differences may reflect cultural context and diversity in how mental health is perceived, discussed, and managed across communities, including varying levels of stigma, access, and trust in the healthcare system. Isolation in Boston presents a significant public health concern, particularly in the wake of the COVID-19 pandemic, which amplified existing disparities in social connection and mental health. Many residents—especially seniors, immigrants, low-income individuals, and those with disabilities—experience chronic social isolation due to barriers such as limited mobility, language access challenges, housing instability, and insufficient community infrastructure. This lack of connection contributes to poorer health outcomes, including increased risks of depression, anxiety, and chronic disease.

Figure 54. Percent Survey Respondents Reporting the Able to Get Mental Health Care When They Needed To In the Past 12 months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024
NOTES: Asterisk (*) indicates data are suppressed due to small cell size (n<10).

Newton Wellesley: The need for behavioral health services remains high and access is much harder for those who rely on insurance (vs. self-pay). The NWH SUDs clinic, like other programs, have limited staffing and would benefit from information about other mental health clinicians in the community who accept insurance. A range of community agencies lost access to Interface, a highly valued service for locating mental health resources, when it became a costly subscription service. The need is particularly high among youth and young adults, as well as in immigrant communities, especially those who faced trauma in their countries of origin. Youth vaping is on the rise. Stigma and lack of access to providers who speak their native language/represent their culture are barriers to mental health services for many immigrants. In the absence of mental health services, use of substances has increased to aid in coping with trauma. Navigators and case managers, especially in the emergency room, are needed to ensure patients are engaged in care, not lost to follow-up, and connected to the range of concrete and health care resources they need.

Salem Hospital: While there have been significant shifts in entry points to care thanks to telehealth, the need for mental health services has grown since the pandemic. For many, social isolation continues to impact mental health. With an increase in need and fewer mental health clinicians accepting MassHealth, there is a growing gap in behavioral health care for the most economically disadvantaged. With cuts to

Medicaid and persistent workforce issues, they predict the gap will only get worse. Participants explained that the lack of psychiatric beds is causing burnout for ED staff and long wait times for all ED patients. The loss of the domestic violence advocacy staff at the hospital was described as contributing to riskier discharges for victims of violence. Youth/gang violence is on the rise. The loss of the Hospital to Home project, cut due to funding constraints, was also described as a blow to ensuring the safety of patients with behavioral health needs. The mental health of young people, from young children to young adults, is still very much at risk and located mental health services is increasingly difficult. One group explained that, due to concerns for how those with active substance use are treated at the hospital, increasingly her institution is sending such patients to Beverly Hospital. Participants explained that stigma around mental health remains high and believe that hospital providers often miss legitimate medical issues because complaints are attributed to behavioral health issues. A few argued that neurodiversity should be a priority within the behavioral health category.

Martha's Vineyard: There is robust collaboration and substantial progress has been made related to behavioral health, including substance use disorder counseling and Narcan availability, yet challenges remain with violence, pediatric mental health, therapist shortages, and stigma, and more providers are needed generally. There has been significant growth in substance abuse among young adults (age 25+) and there is a growing cohort of older adults needing both SUDs and mental health services, but there are no providers with expertise in gerontology. There is also a need for Portuguese speaking clinicians to support both mental health and SUDs. There is no crisis stabilization on Island; emergency departments serve as holding areas due to lack of psychiatric support. Travel to voluntary SUDs and mental health placements is cost prohibitive for many and leads to low follow through.

Foxborough: The 2019 DoN process revealed that behavioral health and transportation were priority concerns in Foxborough. She asked the group to indicate whether these are still priorities impacting community health, and whether/how things may have changed (for good or for bad) since 2019. Participants explained that school counselors still face access gaps despite added supports. The addition of a crisis response social worker and the implementation of the Massachusetts Behavioral Health Helpline were described as important gains. The health department recently introduced Uber Healthcare to address transportation barriers for substance use treatment. They raised concerns about self-isolation among those with mental health and substance use disorders, noting that engaging these individuals remains a significant challenge. They emphasized the strain on remaining healthcare services following the closure of Norwood Hospital. Residents have to travel further and further from town to access care making transportation a greater challenge. Transportation gaps also complicate access to other resources and services and activities of daily living (e.g., shopping, errands). So, while some strides have been made, the needs related to both behavioral health and transportation remain significant.

Nantucket: Focus group participants agreed that behavioral health and substance, both priorities in the 2024 CHNA, are still priorities on the island. The group expressed significant concerns about the impact of federal and state (e.g., BSAS, VOCA, family planning, MassHealth) budget cuts on programs that serve vulnerable populations. They noted that disparities are only going to increase and will affect all of the other CHNA priorities. Among the impacted services will be behavioral health services. Programs that currently provide sliding scales and/or that can access state funds for those who are unable to pay anticipate reductions in those funds at a time when the need for such resources will increase. All of these cuts, along with cuts to Medicaid, will ultimately decrease service/resource availability, which will impact access and likely overwhelm service providers. The group also discussed the devastating impact of the presence of ICE agents on the island. Multiple programs reported substantial drops in case load and services to immigrants on the island. Mental health service utilization among Spanish and Portuguese-speaking residents is down by 20% since January at one center. Participants predict the trauma and lack of supports and services will have a devastating impact on the health and well-being of Nantucket's immigrant residents for some time to come. The group also discussed a number of challenges related to healthcare and behavioral health access on Nantucket, including to specialists and addiction-related services beyond MAT. Having to travel off island for care is difficult, both time-consuming and costly in general and particularly problematic for low-wage/hourly workers, those without childcare, and those with

low-incomes. While technology has improved access to care, digital equity is also a challenge on the island. The group discussed the growing need for mobile health services, especially in light of how immigration concerns are impacting visits to health and behavioral health programs and given the challenges older adults face regarding transportation.

The Community Advisory Board (CAB) noted that the primary data collection did not include personal experience of patients not currently within the MGB-system. Rather, the focus groups involved service providers who care for community residents across MGB hospital communities, including those who may not be patients of an MGB hospital.

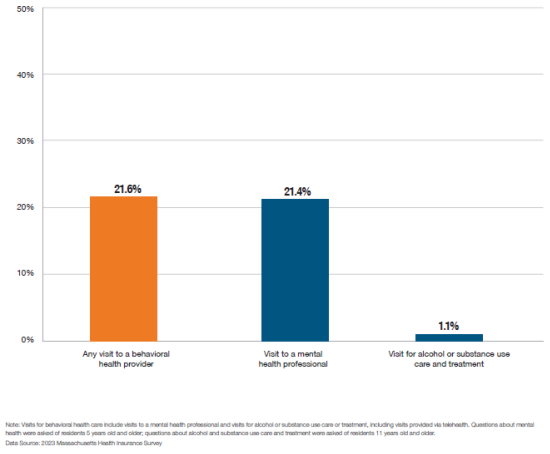
Appendix C: Mental Health in the US and Massachusetts

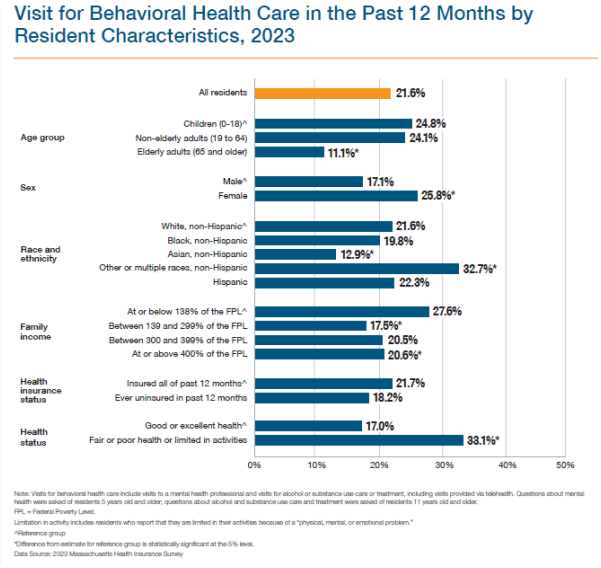
Boston Public Health Commission / Massachusetts Department of Public Health. (2024). Health of Boston: Substance Use and Disorders Report (2024). Boston Public Health Commission. https://www.boston.gov/sites/default/files/file/2024/06/HOB_SUD_2023_1Apr2024.pdf

Center for Health Information and Analysis. (2020). Behavioral health and readmissions in Massachusetts acute care hospitals October 2020. https://www.chiamass.gov/assets/docs/r/pubs/2020/Behavioral-Health-Readmissions-2020-Report.pdf

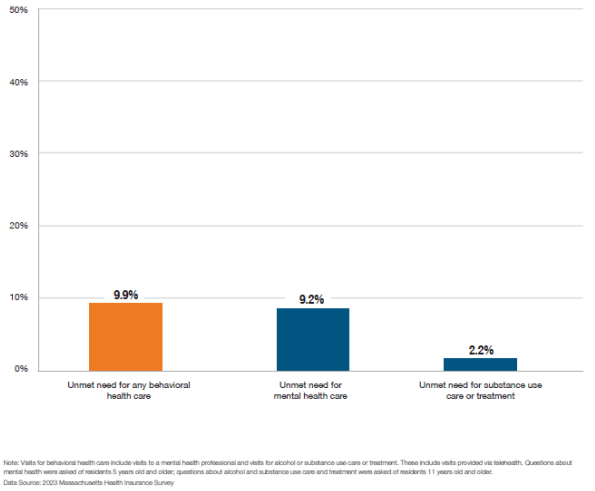
Center for Health Information and Analysis. (2022, October). Behavioral health and readmissions in Massachusetts acute care hospitals. https://www.chiamass.gov/behavioral-health-and-readmissions-in-massachusetts-acute-care-hospitals

Center for Health Information and Analysis. (2023). Massachusetts Health Insurance Survey 2023: Behavioral health supplement. Commonwealth of Massachusetts. https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/MHIS-2023-05-Behavioral-Health.pdf





Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months Overall and by Type of Visit, 2023



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.
Data Source: 2023 Massachusetts Health Insurance Survey

Center for Health Information and Analysis. (2024). Behavioral health comorbidities linked with higher hospital readmission rates. Commonwealth of Massachusetts. https://www.chiamass.gov/behavioral-health-comorbidities-linked-with-higher-hospital-readmission-rates

Center for Health Information and Analysis. (2024, June). Findings from the 2023 Massachusetts Health Insurance Survey. Commonwealth of Massachusetts. https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf

Center for Health Information and Analysis. (2025, June 17). Behavioral Health in Massachusetts: Dashboard metric overview. Commonwealth of Massachusetts. https://www.chiamass.gov/behavioral-health-in-massachusetts

Centers for Disease Control and Prevention. (2023b). Mental health data & life satisfaction indicators. U.S. Department of Health and Human Services. https://www.cdc.gov/mental-health/about-data/life-satisfaction.html

Cervellione, B., Arnold, S., & Bhatia, A. (2025). Functioning of neurotypical siblings of individuals with autism spectrum disorder: A systematic review. *Pediatric Reports, 6*(2), 52. https://www.mdpi.com/2673-5318/6/2/52

Kaiser Family Foundation. State Health Facts. https://www.kff.org/state-category/health-status

Massachusetts Autism Commission. (2013). *Report of the Governor's Special Commission Relative to Autism: Priorities, Findings, and Recommendations.* Commonwealth of Massachusetts https://www.mass.gov/doc/autism-commission-report-full-report-0/download

Massachusetts Autism Commission. (2023). *2023 annual report of the Autism Commission*. Commonwealth of Massachusetts. https://www.mass.gov/lists/autism-commission-reports

Massachusetts Department of Mental Health. (2023). DMH annual reports. https://www.mass.gov/info-details/dmh-annual-reports

Massachusetts Department of Mental Health. (2018). *Annual individual and family support plan.* Mass.gov. https://www.mass.gov/doc/department-of-mental-health-fy2018-annual-individual-and-family-

support-plan/download

Massachusetts Department of Public Health. (2023). State mental health plan & satisfaction reports and results. https://www.mass.gov/info-details/state-mental-health-plan-satisfaction-reports-and-results

Massachusetts Health Policy Commission. (2019, May). Co-occurring disorders care in Massachusetts: A report on the statewide availability of health care providers serving patients with co-occurring substance use disorder and mental illness. https://www.mass.gov/doc/co-occurring-disorders-care-in-massachusetts-a-report-on-the-statewide-availability-of-health/download

National Alliance on Mental Illness. (2023). Massachusetts state fact sheet [PDF]. https://www.nami.org/wp-content/uploads/2023/07/MassachusettsStateFactSheet.pdf

National Alliance on Mental Illness. (2023). Mental health by the numbers. https://www.nami.org/about-mental-illness/mental-health-by-the-numbers

National Alliance on Mental Illness. (2025). Massachusetts GRPA data sheet: Forced out-of-network and mental health care [PDF]. https://www.nami.org/wp-content/uploads/2025/05/Massachusetts-GRPA-Data-Sheet-8.5-x-11-wide.pdf

National Institute of Mental Health. (2023). Mental illness statistics. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/statistics/mental-illness

National Institute of Mental Health. (2023). Statistics: Any mental illness (AMI) and serious mental illness (SMI). U.S. Department of Health & Human Services. https://www.nimh.nih.gov/health/statistics/mental-illness

Parent/Professional Advocacy League, & Massachusetts Department of Mental Health. (2013). *Respite care: What families say.* https://ppal.net/wp-content/uploads/2020/08/Respite-Care-What-Families-Say.pdf

Soh, X. C., Leong, I. Y.-O., Ching, W. M., et al. (2025). Prevalence of depression, anxiety, burden, burnout, and quality of life among caregivers of persons with mental illness: An umbrella review. *Psychiatry Research* https://www.sciencedirect.com/science/article/pii/S2950307825000785

The Arc of Massachusetts. (2024, November 21). *The Arc releases 2024 caregivers survey; Community responses due December 6.* The Arc of Massachusetts. https://thearcofmass.org/post/the-arc-releases-2024-caregivers-survey-community-responses-due-december-6/

Appendix D: Children and Older Adults

Centers for Disease Control and Prevention. (2023a). Children's mental health: Data & research. U.S. Department of Health and Human Services. https://www.cdc.gov/children-mental-health/data-research/index.html

Boston University School of Social Work & Massachusetts Aging and Mental Health Coalition. (2018). Older adults & behavioral health: Aging and mental health coalition report. https://www.bu.edu/cader/files/2020/08/MA-Aging-MH-Coalition-.pdf

Massachusetts Association for Mental Health. (2020). Facts & figures on children's mental health. https://www.mamh.org/science-innovation/facts-figures

Massachusetts Department of Public Health. (2023). Health and risk behaviors of Massachusetts youth:

Results of the Massachusetts youth health survey 2023. https://www.mass.gov/doc/results-of-the-massachusetts-youth-health-survey-2023/download

SCHOOL EXPERIENCES – MASSACHUSETTS HIGH SCHOOL STUDENTS (PART 1 OF 3) *[Click back to Table of Contents]*

Percentage of Massachusetts High School Students who reported:		Attending physical education (PE) classes on one or more days in an average week when they were in school	Using alcohol at school, past 30 days	Using marijuana at school, past 30 days	Using any tobacco products at school, past 30 days	Being offered, sold, or given drugs at school, past year
Overall (95% Confidence Interval)		**58.3 (52.6 - 64.1)**	**1.7 (1.0 - 2.4)**	**6.4 (5.2 - 7.7)**	**6.1 (5.1 - 7.1)**	**10.3 (8.6 - 12.1)**
Grade	9th Grade	63.4 (52.1 - 74.7)	**	4.9 (3.0 - 6.9)	5.3 (3.5 - 7.1)	7.9 (6.2 - 9.5)
	10th Grade	60.1 (53.4 - 66.8)	**	5.4 (3.6 - 7.3)	4.7 (3.0 - 6.4)	11.7 (7.7 - 15.6)
	11th Grade	56.1 (45.9 - 66.3)	**	6.3 (3.5 - 9.0)	6.8 (3.8 - 9.8)	11.5 (8.5 - 14.5)
	12th Grade	53.3 (43.2 - 63.4)	**	8.7 (5.2 - 12.2)	7.1 (5.1 - 9.1)	10.0 (6.9 - 13.1)
Sex	Male	58.5 (52.4 - 64.5)	2.0 (0.9 - 3.0)	6.7 (4.7 - 8.6)	5.6 (4.1 - 7.2)	10.9 (8.7 - 13.1)
	Female	58.2 (50.8 - 65.6)	1.4 (0.7 - 2.1)	6.1 (4.6 - 7.7)	6.5 (5.0 - 8.1)	9.7 (7.8 - 11.6)
Race/Ethnicity	White	59.8 (52.0 - 67.5)	1.2 (0.6 - 1.9)	5.6 (4.3 - 6.8)	6.0 (4.5 - 7.4)	10.4 (8.1 - 12.6)
	Black	50.1 (37.8 - 62.5)	**	**	**	10.6 (5.5 - 15.7)
	Hispanic	57.4 (52.4 - 62.4)	**	7.4 (5.0 - 9.7)	7.3 (4.7 - 9.8)	10.0 (7.3 - 12.7)
	Asian	63.5 (51.2 - 75.8)	**	**	**	8.7 (4.6 - 12.8)
	Other/Multiracial	53.8 (46.1 - 61.6)	**	12.0 (7.0 - 17.0)	9.4 (4.9 - 13.8)	12.6 (6.3 - 18.9)

Footnote: White, Black, Asian, and Multiracial categories refer to non-Hispanic/non-Latinx Categories of American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander were not presented due to insufficient sample sizes for a majority of survey questions.
Estimates and their 95% confidence intervals were suppressed (**) if the underlying sample size was <100 respondents and/or the relative standard error was >30%.

SCHOOL EXPERIENCES – MASSACHUSETTS HIGH SCHOOL STUDENTS (PART 2 OF 3) *[Click back to Table of Contents]*

Percentage of Massachusetts High School Students who reported:		Skipping school because they felt unsafe, past 30 days	Being threatened or injured with a weapon at school, past year	Being in a physical fight at school, past year	Ever being taught how to use condoms in school	Being bullied on school property, past year
Overall (95% Confidence Interval)		**6.9 (5.5 - 8.2)**	**6.5 (5.3 - 7.6)**	**6.0 (5.1 - 6.8)**	**68.3 (64.1 - 72.5)**	**15.9 (13.6 - 18.2)**
Grade	9th Grade	8.6 (6.1 - 11.1)	6.9 (4.6 - 9.2)	7.5 (5.4 - 9.7)	61.3 (54.5 - 68.1)	19.0 (15.4 - 22.6)
	10th Grade	5.1 (2.8 - 7.4)	7.2 (4.4 - 10.0)	7.0 (5.1 - 8.9)	76.3 (68.7 - 84.0)	16.1 (12.7 - 19.6)
	11th Grade	6.7 (4.3 - 9.1)	6.3 (4.1 - 8.5)	4.2 (2.5 - 5.9)	66.6 (60.2 - 73.0)	15.8 (12.3 - 19.2)
	12th Grade	6.6 (3.3 - 9.8)	4.9 (2.6 - 7.1)	4.4 (2.0 - 6.9)	69.1 (62.4 - 75.7)	11.9 (8.8 - 15.1)
Sex	Male	5.2 (4.0 - 6.5)	6.3 (5.1 - 7.6)	8.8 (7.6 - 9.9)	68.0 (63.5 - 72.5)	12.6 (10.2 - 15.0)
	Female	8.6 (6.5 - 10.8)	6.6 (4.9 - 8.3)	3.0 (1.8 - 4.1)	68.6 (64.0 - 73.2)	19.5 (16.1 - 22.8)
Race/Ethnicity	White	5.2 (3.8 - 6.6)	5.5 (4.0 - 6.9)	4.8 (3.6 - 6.0)	69.0 (64.3 - 73.8)	17.8 (14.8 - 20.7)
	Black	10.0 (5.2 - 14.8)	8.6 (5.1 - 12.1)	9.8 (4.9 - 14.8)	68.0 (55.8 - 80.2)	13.1 (8.9 - 17.3)
	Hispanic	8.9 (6.5 - 11.2)	8.2 (5.8 - 10.7)	7.8 (6.0 - 9.7)	67.3 (61.7 - 72.8)	14.4 (10.9 - 17.8)
	Asian	**	**	**	68.7 (60.7 - 76.7)	6.3 (2.7 - 9.9)
	Other/Multiracial	9.7 (5.5 - 14.0)	9.9 (5.5 - 14.2)	7.9 (4.1 - 11.6)	64.8 (56.2 - 73.3)	22.1 (13.8 - 30.4)

Footnote: White, Black, Asian, and Multiracial categories refer to non-Hispanic/non-Latinx Categories of American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander were not presented due to insufficient sample sizes for a majority of survey questions.
Estimates and their 95% confidence intervals were suppressed (**) if the underlying sample size was <100 respondents and/or the relative standard error was >30%.

SCHOOL EXPERIENCES – MASSACHUSETTS HIGH SCHOOL STUDENTS (PART 3 OF 3) *[Click back to Table of Contents]*

Percentage of Massachusetts High School Students who reported:		Feeling that they were treated badly or unfairly in school because of their race or ethnicity most of the time or always	they will most likely attend a 4-yr college after they complete high school	Agreeing or strongly agreeing that their school has clear rules and consequences for their behavior	^Feeling that they belong at school a lot or quite a bit
Overall (95% Confidence Interval)		**23.6 (20.8 - 26.4)**	**63.6 (57.5 - 69.6)**	**69.1 (67.1 - 71.1)**	**61.2 (57.8 - 64.7)**
Grade	9th Grade	23.3 (19.8 - 26.8)	60.9 (53.9 - 67.9)	71.1 (67.0 - 75.2)	63.8 (58.8 - 68.8)
	10th Grade	23.0 (19.0 - 27.0)	64.2 (56.5 - 72.0)	68.4 (63.2 - 73.5)	64.0 (58.8 - 69.2)
	11th Grade	22.7 (18.2 - 27.2)	62.2 (52.1 - 72.2)	69.4 (65.1 - 73.7)	58.9 (53.4 - 64.3)
	12th Grade	25.1 (16.4 - 33.8)	67.6 (56.4 - 78.8)	67.4 (62.7 - 72.1)	57.1 (49.7 - 64.5)
Sex	Male	21.0 (17.9 - 24.1)	55.1 (47.9 - 62.3)	71.3 (68.2 - 74.3)	65.3 (61.0 - 69.6)
	Female	26.5 (22.5 - 30.4)	72.6 (66.5 - 78.7)	66.8 (64.1 - 69.4)	57.1 (52.7 - 61.4)
Race/Ethnicity	White	9.9 (8.1 - 11.7)	67.8 (60.6 - 75.0)	70.4 (68.2 - 72.7)	67.4 (63.2 - 71.7)
	Black	56.8 (47.7 - 65.9)	56.6 (46.3 - 66.9)	63.4 (55.9 - 71.0)	51.1 (40.6 - 61.5)
	Hispanic	34.5 (29.8 - 39.3)	49.7 (43.2 - 56.1)	65.9 (61.7 - 70.2)	51.2 (46.3 - 56.1)
	Asian	55.8 (47.1 - 64.6)	78.4 (65.3 - 91.5)	75.3 (67.6 - 83.0)	65.4 (55.1 - 75.7)
	Other/Multiracial	39.8 (32.8 - 46.8)	65.9 (55.2 - 76.5)	65.4 (55.3 - 75.4)	51.1 (41.5 - 60.7)

Footnote: White, Black, Asian, and Multiracial categories refer to non-Hispanic/non-Latinx Categories of American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander were not presented due to insufficient sample sizes for a majority of survey questions.
Estimates and their 95% confidence intervals were suppressed (**) if the underlying sample size was <100 respondents and/or the relative standard error was >30%.

Massachusetts Healthy Aging Collaborative. (2021). Census Bureau releases data on mental health struggles among older adults during the pandemic. https://mahealthyagingcollaborative.org/census-bureau-releases-data-on-mental-health-struggles-among-older-adults-during-the-pandemic

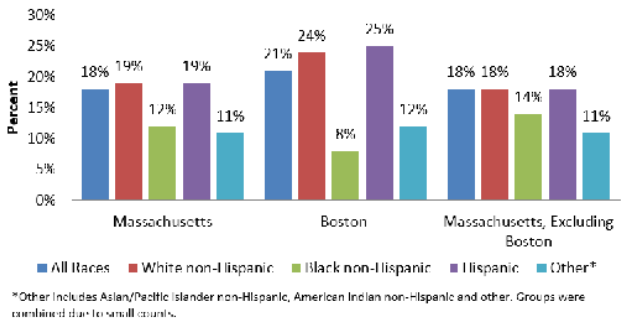
Appendix E: Substance Use

Boston Public Health Commission / Massachusetts Department of Public Health. (2024). Health of Boston: Substance Use and Disorders Report (2024). Boston Public Health Commission. https://www.boston.gov/sites/default/files/file/2024/06/HOB_SUD_2023_1Apr2024.pdf

Massachusetts Department of Public Health. (2019, March). Stimulants, health disparities, and the impact of the opioid epidemic on maternal health and high risk populations [Data brief]. https://www.mass.gov/doc/phd-2019-data-brief-0/download

Key Finding #1: *Black residents in Massachusetts, and in Boston specifically, were less likely to receive substance use treatment following hospital-related care for opioid overdose compared with White residents.*

Figure 13: Percent of Hospital Patient Encounters for Opioid-related Overdose Resulting in Substance Misuse Treatment in 30 Days, by Race/Ethnicity and Location



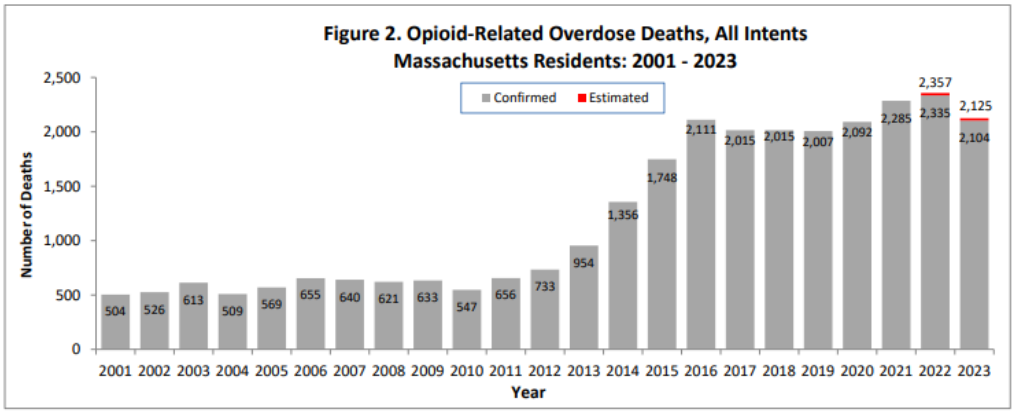
*Other includes Asian/Pacific Islander non-Hispanic, American Indian non-Hispanic and other. Groups were combined due to small counts.

Massachusetts Department of Public Health. (2023, December). Characteristics of non-fatal opioid-related overdoses among Massachusetts residents, 2013–2021. https://www.mass.gov/doc/characteristics-of-non-fatal-overdose-among-ma-residents-2013-2021/download

Massachusetts Department of Public Health. (2023). 2023 report on priority public health trends from the Public Health Data Warehouse: An examination of opioid-related overdose deaths among Massachusetts residents. Commonwealth of Massachusetts. https://www.mass.gov/doc/phd-2023-legislative-report-0/download

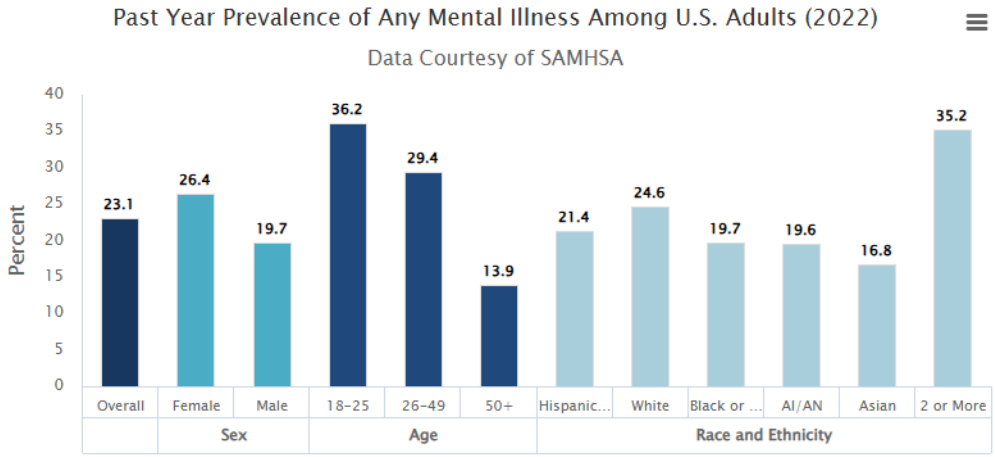
Massachusetts Department of Public Health. (2023, December). Data brief: Opioid-related overdose deaths among Massachusetts residents. https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-december-2022/download

Massachusetts Department of Public Health. (2024, June). Opioid-related overdose deaths among Massachusetts residents. https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2024-0/download



Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

SAMHSA, Center for Behavioral Health Statistics and Quality. (2024). *Massachusetts state tables: 2022-2023 NSDUH model-based estimates for substance use disorder, mental illness, and treatment*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/sites/default/files/reports/rpt56188/2023-nsduh-sae-state-tables_0/2023-nsduh-sae-state-tabs-massachusetts.pdf



Appendix F: Health Disparities

Center for Health Information and Analysis. (2024). *Behavioral health comorbidities linked with higher hospital readmission rates*. Commonwealth of Massachusetts. https://www.chiamass.gov/behavioral-health-comorbidities-linked-with-higher-hospital-readmission-rates

Mass General Brigham. (2023). Bridging the behavioral health access gap. https://www.massgeneral.org/news/ragon-building/bridging-the-behavioral-health-access-gap
Massachusetts Department of Mental Health. (2023). Inequities in mental health for people of color report. Executive Office of Health and Human Services. https://www.mass.gov/doc/2023-mh-report-inequities-in-mental-health-people-of-color/download

Center for Health Information and Analysis. (2025, September). *Equity in quality of care: Select clinical quality and patient experience measures stratified by race and ethnicity, 2023*. Commonwealth of Massachusetts. https://www.chiamass.gov/assets/docs/r/pubs/2025/Equity-CQPE-2025-Report.pdf

Measure Domain	Measure Name	2023 Statewide Score	Race or Ethnicity	Race or Ethnicity Classification	2023 Score	Statistical Significance
Behavioral Health Care	IET: SUD Treatment - Initiation Phase	36.9%	Ethnicity	Hispanic / Latino	36.7%	
				Not Hispanic/Latino	37.7%	
			Race	Asian	32.7%	
				Black or African American	36.3%	
				White	37.1%	
	IET: SUD Treatment - Engagement Phase	12.2%	Ethnicity	Hispanic / Latino	10.5%	
				Not Hispanic/Latino	12.5%	
			Race	Asian	6.1%	
				Black or African American	8.6%	Yes

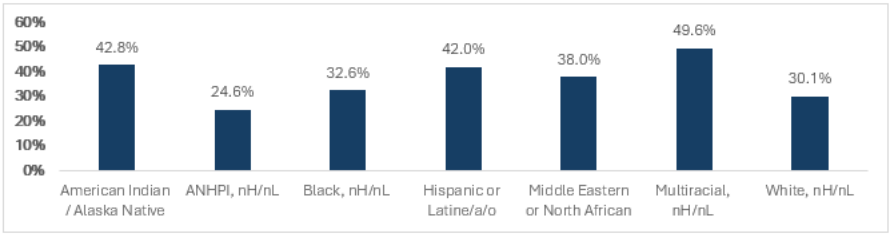
				White	12.6%	

Center for Health Information and Analysis. (2025, June 17). *Behavioral Health in Massachusetts: Dashboard metric overview*. Commonwealth of Massachusetts. https://www.chiamass.gov/behavioral-health-in-massachusetts

Center for Health Information and Analysis. (2022). *Behavioral health and readmissions: State fiscal year 2020 report*. Commonwealth of Massachusetts. https://www.chiamass.gov/assets/docs/r/pubs/2022/Behavioral-Health-Readmissions-2022-Report.pdf chiamass.gov

Health Policy Commission. (2019). *Co-occurring disorders care in Massachusetts: A report on the statewide availability of health care providers treating patients with co-occurring substance use disorder and mental illness*. Commonwealth of Massachusetts. https://www.mass.gov/doc/co-occurring-disorders-care-in-massachusetts-a-report-on-the-statewide-availability-of-health/download Mass.gov
Massachusetts Department of Public Health. (2023). Community health equity survey (CHES) 2023: Mental health. https://www.mass.gov/info-details/ches-2023-mental-health

Figure 5. CHES 2023 - Adult High or Very High Psychological Distress by Race and Hispanic or Latine/o/a Ethnicity



ANHPI=Asian, Native Hawaiian, Pacific Islander
nH/nL=non-Hispanic/non-Latino-a-e

Center for Health Information and Analysis. (2024, June). *Findings from the 2023 Massachusetts Health Insurance Survey*. Commonwealth of Massachusetts. https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf

Mass General Brigham

McLean