Televero Addresses the Silent Crisis in Men's Mental Health With Same-Day Access and Measurable Outcomes

Men are less likely to seek mental health care. This Men's Health Month, Televero Behavioral Health is releasing the data that shows what happens when they do.

Televero Behavioral Health Logo

SEATTLE, WA, UNITED STATES, June 24, 2026 /EINPresswire.com/ -- Seattle, Washington — June 24, 2026 — As Men's Health Month draws to a close, Televero Behavioral Health is releasing outcome data specific to its male patient population, data that challenges one of the most persistent assumptions keeping men out of behavioral health care: that treatment takes too long to matter.

> When men decide to seek care, a three-week wait can lose them. That window between deciding to get help and talking yourself out of it is shorter than most people think."
>
> *Ray Wolf, CEO*

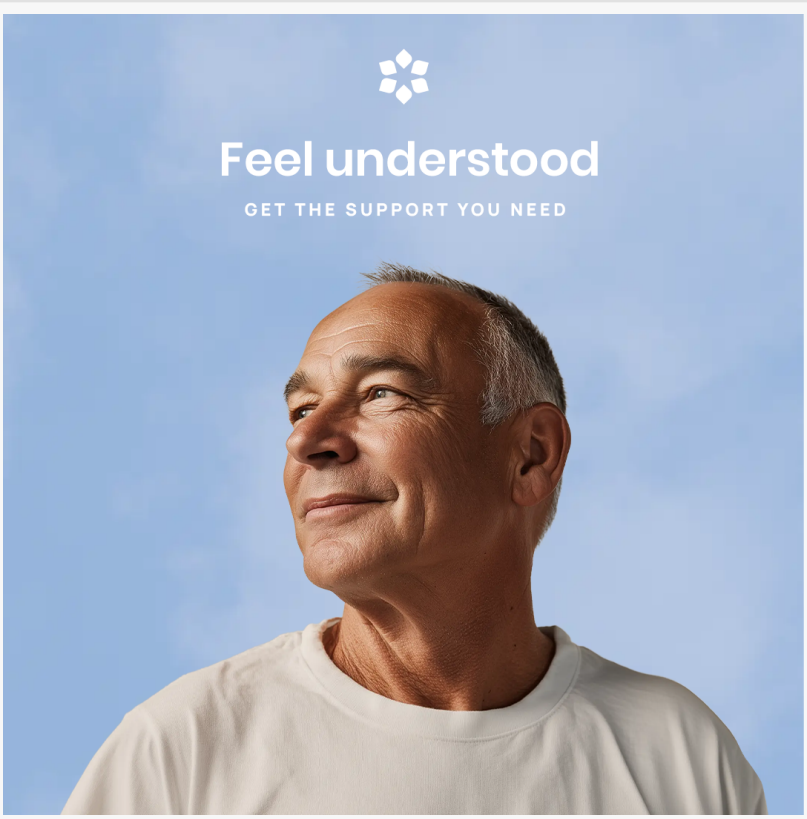
According to the CDC, men account for nearly 80% of all suicide deaths in the United States. Yet men are significantly less likely than women to seek mental health treatment, less likely to be diagnosed with depression despite comparable rates of incidence, and more likely to delay care until a crisis forces the issue. Among the reasons men most commonly cite for avoiding care: it will not work, and it will take too long.

Televero's data tells a different story.

"When men decide to seek care, a three-week wait can lose them. That window between deciding to get help and talking yourself out of it is shorter than most people think," said Ray Wolf, CEO of Televero Behavioral Health. "We designed a system that meets them where they are, on the same day they decide to reach out, before that window closes."

What the Data Shows

Among male patients at Televero Behavioral Health, stabilization happens faster than most men expect.



For suicidal ideation, the median time to reach normal range is 17 days*. For anxiety, 21 days*. For depression, 26 days*. These numbers reflect the midpoint of Televero's male patient population, measured using validated clinical instruments including the PHQ-9 and GAD-7*.

For a man who has spent years carrying something he never talked about, these timelines matter. Real, measurable improvement within weeks. Not someday. Not eventually. Within the same month he decides to get help.

At the four-week mark, 78% of male patients presenting with suicidal ideation had already reached normal range*. For anxiety, 62% stabilized within the first four weeks*. For depression, 60% reached normal range in the same period*. For male patients presenting with elevated risk indicators including safety concerns, 79% reached normal range within four weeks*, a finding that underscores the clinical case for early intervention over delayed referral.

By week 12, stabilization rates across all measures reach 94% to 97%*.

"What we are seeing in our male patient population is that early access translates directly into early stabilization," said Victor Gonzalez, MD, Medical Director at Televero Behavioral Health. "These are not small improvements on the margins. These are clinically significant changes, measured with the same tools used in research settings, happening within weeks of a patient's first appointment."

Overall patient satisfaction among male patients stands at 96%, based on the most recent reporting period**. For men who have spent years avoiding care, that number reflects what happens when the right support is actually within reach.

The Help-Seeking Gap

The barriers men face in accessing behavioral health care are well documented. Stigma remains the most cited factor, with men consistently reporting that seeking mental health treatment conflicts with expectations around self-reliance. Scheduling is a close second. Traditional clinic

hours require time away from work, a barrier that disproportionately affects working-age men who account for the highest rates of suicide across all demographic groups.

According to the Anxiety and Depression Association of America, the men's mental health treatment gap is significant: only 41.6% of men with a mental illness received treatment in the past year, compared to 56.9% of women. That gap has consequences. Suicide is a leading cause of death for men ages 15 to 34 in the United States. The problem is not that men do not need care. It is that they are not getting it at the right moment.

Access at the Right Moment

When a patient contacts Televero Behavioral Health, same-day appointments are available. Every new patient receives an immediate clinical assessment conducted by a licensed provider to evaluate their current state and determine the right level of care. For men presenting in acute distress, that assessment is not a formality. It is the first intervention.

Care is delivered entirely online through the Televero System of Care, a physician-led model that pairs every patient with a coordinated team including a psychiatrist and licensed clinician, so therapy and medication work together from the start. There is no waiting room. No time away from work that requires explanation. No barrier between deciding to get help and actually getting it.

Televero Behavioral Health accepts all insurance plans, including Medicaid and Medicare, removing the financial barrier that stops many men before they ever reach a provider.

"For a lot of men, the decision to get help is a narrow window," said Wolf. "If there is any friction between that decision and actually talking to someone, they talk themselves out of it. Same-day access removes that friction."

About Televero Behavioral Health

Televero Behavioral Health is a leading telehealth provider of mental health care, ranked #54 on the Inc. 5000 with 4,962% three-year growth. Now active in 43 states and continuing to expand, Televero delivers accessible, high-quality behavioral health care across the United States, accepting all insurance plans including Medicaid and Medicare. Clinical excellence, data-driven outcomes, and compassionate service are at the center of everything the practice does.

*Based on validated patient-reported outcome measures (PHQ-9, GAD-7, VASA, PHQ-9 Q9) comparing intake to follow-up scores

**Based on patient satisfaction surveys

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