



The cost of therapy

A look into rising therapy costs —
what it means for both clinicians & patients

Table of contents

Introduction	03
Average costs of therapy rising in recent years	04
Average therapy costs from 2019 to 2024	
Average therapy costs across the United States	
Factors that affect the price of therapy	07
Geographic location	
Clinician specialty, credentials, and experience	
Insurance vs. private pay costs	12
Deciding to accept insurance	
Negotiating reimbursement rates	
Increasing access to care	15
Can telehealth improve access to care?	
What do these rates mean for mental health clinicians?	18
How to set and raise therapy rates	20
Calculating therapy rates	
Increasing session rates	
Alternative fee offerings	

Introduction

Starting and running a behavioral health private practice requires clinical skills, of course. However, it's essential for therapists in private practice to also learn and leverage business skills.

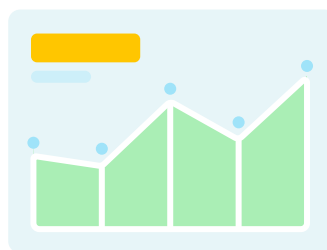


Like any business, a therapy private practice needs to be profitable to stay afloat. Therefore, it's imperative for therapists in private practice to carefully budget and set the costs of therapy services.

Alas, therapists may feel like they're in a game of tug of war.

On the one hand, it's important to be conscientious about choices that help to ensure therapy services are accessible to a wide audience. Many therapists entered this profession for a reason, and, for some, one focus is to be able to provide therapy services to lower-income and economically marginalized clients.

On the other hand, therapists need to make money to support themselves and their families.



In this paper, we'll take a look at the average costs of therapy from 2019 to 2024 across the United States, using SimplePractice internal data.*

Additionally, we'll provide expert tips and resources for setting therapy rates fairly, so clinicians can meet the needs of their clients—all while running a successful, thriving therapy business.

*NOTE: All data used in this analysis are completely anonymous, and SimplePractice does not sell data at any time for any reason. See [Appendix](#) for additional information.

Average costs of therapy rising in recent years

While it's helpful to know what other therapists are charging for therapy, this can be an uncomfortable topic to bring up with colleagues.

“I did a lot of research before setting and recently re-adjusting my fees,” says [Jen Ingram, LCSW](#), who is located in Indiana but licensed in several states, including North Dakota, Florida, and Minnesota. “Like most mental health providers, I struggle to financially assess the value of the services I provide—especially when thinking about asking people to pay money for my time.”

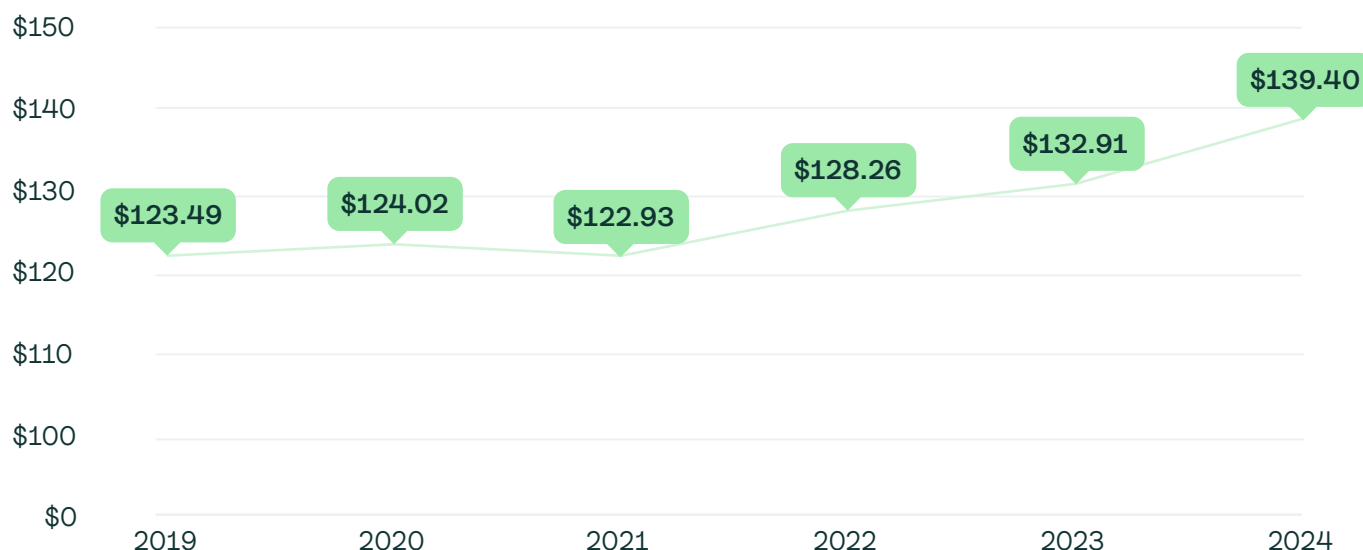
To make it easier for therapists, we've broken down the average costs of therapy by year—from 2019 to 2024—and by U.S. state.

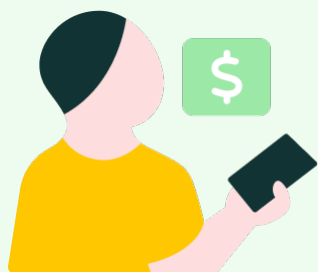
Average therapy costs from 2019 to 2024

In 2019, therapists charged an average of **\$123** for therapy sessions (both private pay and insurance).

In 2024, that number has risen to roughly \$139—a \$16 increase.

Furthermore, in 2017, SimplePractice [published research](#) showing that the nationwide median rate for therapy that year was \$120. Taking this additional data into account demonstrates a continual increase in the cost of therapy over the past seven years.





From 2019 to 2024, the cost of therapy increased 12.6%.

Each year from 2021 to 2024, the cost of therapy increased about 4%. If this trend continues, we're likely to see the average rates of therapy go above \$140 per session and higher in the years to come.

The demand for mental health services continues to rise. According to the [American Psychological Association](#) (APA), mental health diagnoses among adults ages 35 to 44 have increased from 31% in 2019 to 45% in 2023. Adults ages 18 to 34 had the highest rate of mental health diagnoses—50% were diagnosed with a mental health condition in 2023.

The COVID-19 pandemic has caused significant lasting effects. Nearly [80% of psychologists](#) reported an increase in patients with anxiety disorders since the start of the pandemic, and 66% of psychologists saw a rise in demand for depression treatment.

With inflation and the growing demand for mental care in the United States, it's no surprise that costs for therapy have also increased over the past five years.

The U.S. Social Security Administration makes an annual cost-of-living adjustment (COLA) that is based on factors such as the Consumer Price Index, which remains above average in 2024 after peaking to record-high levels during the COVID-19 pandemic. The COLA for [2024 is 3.2%](#)—a number that therapists may want to consider when determining rates.

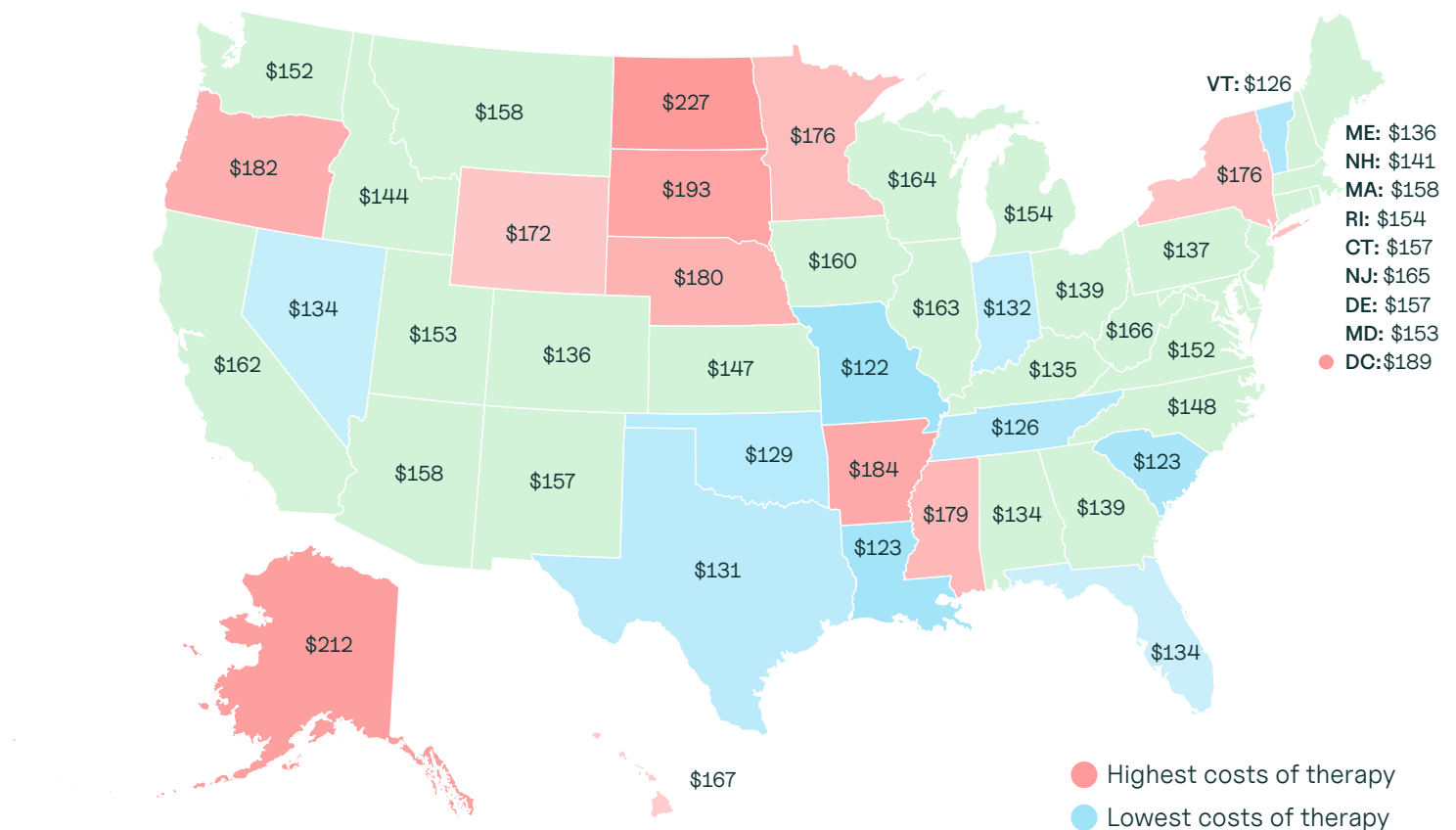
“Inflation has forced me to raise my rates higher than I normally would,” says [Kari Silverberg, MA, LMFT, CHt, EAS-C](#), a therapist in Minnesota. “Fees for everything I use to run my practice, like Quickbooks, email encryption, insurance have all increased. Not to mention needing more take home pay to meet the rising costs of food, housing, and other personal expenses.”



Average therapy costs across the United States

The average fee per session varies by state and region—from as low as \$122 to as high as \$227, according to SimplePractice data from 2023 to 2024.

The following graph showcases the average cost of therapy by state, including costs for both self-pay clients and those with insurance.



States with highest costs of therapy

Two states surpassed the \$200 mark per therapy session:

1. North Dakota, with an average cost of therapy at \$227
2. Alaska, with an average cost of therapy at \$212

Following North Dakota and Alaska, the 10 states/territories with the highest costs of therapy include:

- | | |
|---------------------------|-----------------------|
| 3. South Dakota: \$193 | 8. Mississippi: \$179 |
| 4. Washington D.C.: \$189 | 9. Minnesota: \$176 |
| 5. Arkansas: \$184 | 10. New York: \$176 |
| 6. Oregon: \$182 | 11. Wyoming: \$172 |
| 7. Nebraska: \$180 | 12. Hawaii: \$167 |

States with lowest costs of therapy

Based on our data, only six U.S. states have rates of therapy under \$130 per session: Oklahoma, Tennessee, Vermont, South Carolina, Louisiana, and Missouri. Indiana, Florida, and Texas also make the list of the states with lowest costs.

The 10 states with the lowest costs of therapy include:

- | | |
|--------------------------|--------------------|
| 1. Missouri: \$122 | 6. Oklahoma: \$129 |
| 2. Louisiana: \$123 | 7. Texas: \$131 |
| 3. South Carolina: \$123 | 8. Indiana: \$132 |
| 4. Vermont: \$126 | 9. Nevada: \$134 |
| 5. Tennessee: \$126 | 10. Florida: \$134 |

Factors that affect the price of therapy

Geographic location

Clearly, the location where a therapist lives and practices impacts the price they ultimately set for therapy sessions. However, there's more at play than simply the state(s) they reside in and/or are licensed to practice in.

It shouldn't be a surprise that cities with higher costs of living—like Washington D.C., New York City, and Portland and other areas of Oregon—contribute to these states ranking among those with the highest rates for therapy sessions.

But why do certain states—such as North Dakota, Nebraska, and South Dakota—which tend to have [lower costs of living](#) than other U.S. states, have some of the highest average therapy costs?

On the surface, the higher average costs of therapy in these states with lower costs of living may initially seem surprising. After considering the lower total number of mental health clinicians practicing in those states, as compared to the number of state residents, it becomes clear that there are fewer mental health providers per capita in many of those states. Typically, in areas where demand for therapy surpasses the supply (i.e., the number of available therapists), the cost of therapy will be higher.

To offset costs of things like office space, liability insurance, and more, therapists located or licensed to practice in regions with lower populations and/or lower overall demand for therapy and mental health services may need to charge higher rates to ensure they're able to earn enough to keep their private practice running and viable.



To be specific, the state of South Dakota was estimated to have approximately [919,000 citizens as of 2023](#). In North Dakota, the number of people living there is roughly 783,000.

In comparison, the state of New York recorded nearly 19.6 million people total—with New York City recording 8.2 million people alone in 2023.

South Dakota reported only 150 employed clinical and counseling psychologists in 2023, and North Dakota reported 160, according to the [U.S. Bureau of Labor Statistics](#). This means South Dakota has approximately one psychologist per 6,127 citizens and North Dakota has approximately one psychologist per 4,894 citizens.

The state of New York reported 7,290 clinical and counseling psychologists—which is one psychologist per 2,688 citizens.

This doesn't take into account the number of [substance abuse, behavioral disorder, and mental health counselors](#) (920 in North Dakota versus 24,420 in New York); [marriage and family therapists](#) (60 in ND vs 1,070 in NY); and [mental health and substance abuse social workers](#) (260 in ND vs 12,180 in NY).



On top of this, therapists like [Jenna Hershberger, PhD, LPCC, NCC](#), located in Fargo, ND, the largest city in the state, have “seen an explosion in the demand for mental health care of all kinds.”

Hershberger sees about 24 to 25 clients per week. “I had a waitlist within three months of opening my practice in North Dakota,” she says. “I know that I could truly work all the time seeing clients, and I also know that I would not be a healthy therapist if I did so.”

Of course, where someone lives within a state matters too.

In [one study](#), researchers found that the average yearly mental health costs for rural mental health service users was lower (\$687) than those in urban areas (\$863).

Reimbursement rates and therapy costs can even significantly vary between cities and towns in the same states that are just miles away from each other.

[Barbara Griswold, LMFT](#), located in San Jose, CA, says, “I know a therapist located in Santa Cruz who opened a second location in San Jose, where her insurance reimbursement rates were higher, and she just started billing her telehealth clients under this service location.”

Location plays a part in average therapist salaries, too. While the [annual mean wage](#) of a therapist in California is \$89,710, in Minnesota it’s \$61,320.

“In hospital and large clinic settings, it is common to have annual salary increases, yet in private practice it can be so easy to ‘set it and forget it’ with our fees,” says clinical psychologist Lindsay Oberleitner, PhD, director of clinical strategy at SimplePractice.

According to Oberleitner, three things that are top of mind for her when determining rates include:

- reassessing the local rates for others in your specialty
- cost increases over the year for services or fees you use in practice
- cost of living annual increases

“None of these values alone should guide your increase, but they can give a lot of valuable information,” Oberleitner says.



Clinician specialty, credentials, and experience

When setting rates for her private therapy practice in Los Angeles, clinical psychologist [Jennifer Noble, PhD](#), considers “what may be a ‘standard rate’ for my expertise and doctoral level experience and what I know of my client population's income range.”

In addition to location, the rate a therapist sets for their services can depend on:

- **Years of experience.** A therapist may start out with lower rates when they're new to the profession, but increase them as they build more experience. “I check local therapy websites for common rates, and consider fees and their years of experience and training to compare it to my own,” says Silverberg.
- **Business expenses.** Therapists who have to pay rent for an office space may set higher rates compared to someone who only sees clients virtually.
- **Degree or license type.** Clinical psychologists with PhDs or PsyDs may set a higher rate than those therapists and counselors with master's degrees, for example. Rates will also vary between psychiatrists, psychologists, licensed professional counselors, licensed clinical social workers, and marriage and family therapists.
- **Type of therapy or techniques offered.** Many therapists offer cognitive behavioral therapy (CBT), but someone could be trained in dialectical behavior therapy (DBT) too, which may be in higher demand and/or less common among therapists in their area.
- **Specializations.** Does the therapist specialize in counseling couples or clients with substance use disorders? Or, do they excel in working with key demographics—like kids, teens, or older adults?

In addition, it's important to consider the costs required to *become* a mental health therapist, as well as to maintain licensure on an ongoing basis.

Student loan debt is something that, unfortunately, many who choose to enter the mental health field end up burdened with after graduation—especially since most graduate with at least a master's degree. Often, this is then followed by thousands of hours of supervision and taking one or more exams (which also cost money).



According to the [2022 Behavioral Health Workforce Assessment](#) from the Washington Workforce Training and Education Coordinating Board, the average loan balance for all licensed mental health counselors in 2022 was about \$126,000—ranging anywhere from \$12,000 to as much as \$500,000.

Many mental health professionals will also need to apply for an initial license to practice and renew it every two or so years, and costs for these vary by state.

According to authors from the [Knee Center for the Study of Occupational Regulation at West Virginia University](#), in Indiana, Kansas, and Nebraska, prospective LMFTs may pay \$50 for an initial license, whereas, in Alaska, they may pay as much as \$1,600. For LCSWs, costs may be as low as \$5 in Arkansas and as high as \$478 in Hawaii. License renewal fees can also range from a couple of dollars to a couple thousand depending on the state. In Alaska, LMFTs can expect to pay nearly \$25,000 over a hypothetical 36-year career to maintain their license to practice.

[Audrey Schoen, LMFT](#), a therapist licensed in California and Texas, did plenty of research when setting her rates when she first started her practice. “I once noticed that a previous supervisor of mine had not increased their rate in 10 years,” she says. “It highlighted that the practice of basing our fees off of others’ rates didn’t account for changes in inflation, living expenses, student loan payment, retirement saving, and whether or not we have a spouse contributing to our income (and health care) as well.”

Other potential expenses include certifications, trainings, and continuing education fees.

“Thinking about a sustainable salary that offsets the cost of trainings, student loan debt, office space rental, professional insurance, and other expenses is key,” says Vermont-based psychotherapist Katelyn McMahon. “A therapist can only take on so many sessions per week. And face-to-face client time is often the only source of income in a private practice.”



Insurance vs. private pay: costs and considerations

Another important factor into the average cost of therapy is whether or not therapists accept insurance. This is a complex and nuanced decision for clinicians to make with [many pros and cons](#).

The process of getting paneled or credentialed with an insurance company can be somewhat involved, and approval can take several months. However, accepting insurance enables clinicians to serve a wider, more diverse pool of potential clients, and it increases access to therapy for more clients.

In September 2024, the Biden Administration finalized new rules to strengthen the 2008 [Mental Health Parity and Addiction Equity Act](#) protections for mental health care coverage, [requiring it to be comparable to physical health coverage](#) and to hold insurance companies accountable for unlawfully denying it. The new 2024 rules require insurers to evaluate and disclose their data to measure how often patients access care—including denial rates and how much insurers pay out-of-network providers.

For example, if a client's insurance charges them a \$20 co-pay for medical provider visits, the same co-pay price would apply to covering mental health and/or therapy visits. In general, co-pays tend to cost [about \\$20](#) for in-network providers, and \$60 for out-of-network therapists.

On the other side of the insurance equation, therapists often find themselves receiving low reimbursement rates for sessions from insurance companies.



According to [one study](#), researchers found that about a third of therapists in private practice did not accept insurance. The researchers also found that Medicaid rates were on average 40% lower than reported cash pay rates (which averaged about \$143 per session).

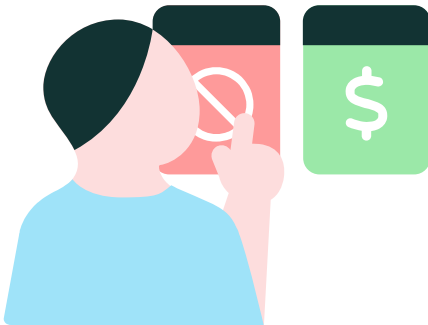
“For many people, insurance plays a significant role in access to mental health care,” says McMahon. “I live and practiced in a rural area where the cost of living is high relative to earnings, so most people can only afford therapy if they use insurance benefits. Even though most therapists in my area accept insurance, they can’t always justify paneling with every insurance company, especially since reimbursement rates are often much lower than their standard session fee.”

The [U.S. Government Accountability Office](#) conducted a study in 2022 to understand the challenges consumers face when it comes to accessing mental health care, even when they have insurance coverage through private or public health plans. One notable factor, they write, is low reimbursement rates for mental health services. And low reimbursement rates, unfortunately, lead many private practice therapists to stay far away from credentialing processes and stick to a self-pay only model.

It’s up to you to decide if you’d like to begin the credentialing process with insurance companies. If you do, it’s best to take a strategic approach.

Deciding to accept insurance

Here are some considerations for therapists when determining whether or not to accept insurance:



- What’s the socioeconomic status of clients in the area? Would most people be able to afford to pay for therapy out-of-pocket if they aren’t able to use insurance?
- Is the therapist willing to advertise and market their services to gain clients—or, would it be easier to be listed in insurance directories where clients can search and find a therapist?
- What insurance companies are most common in the area? Are most people on Medicare or Medicaid or covered by other health insurance providers through their employers?

“The balance for each [clinician] is different,” says Oberleitner. “For some of us, it means taking insurance as well as private pay or it might involve helping clients figure out how to submit out-of-network claims. For others, it might involve finding ways to reduce the costs of running our business, where possible, before we increase fees. And, for others, it might be building a network of referrals for lower cost or in-network services that you can send prospective clients to.”

Negotiating reimbursement rates

During the credentialing process with insurance companies, therapists determine their contracted rate. Also known as negotiated rate, an allowed amount, or an agreed upon amount, this is the amount an insurance payer agrees to reimburse therapists for their services.

Insurance companies base reimbursement rates on factors such as a therapist's location, the demand for services in the area, the practice size, and the clinician's license type.

However, health plans don't always raise reimbursement rates on their own to adjust to cost of living increases. Therefore, it may be in a therapist's best interest to actually [ask for a raise](#).

So, how is this done?

Billing expert Barbara Griswold, LMFT, and author of [Navigating the Insurance Maze](#), shared these steps therapists can follow during a [SimplePractice webinar](#):



- Write a letter to the insurance network requesting a raise. Specifically let them know why you deserve a raise. This may include reasons such as the time you've been with the insurance plan, your years of experience, specialties, certifications, and anything else that sets you apart from other providers.
- Name the increased reimbursement fees you are requesting for each service (CPT code) you provide.
- Call the health plan and ask where to send your letter.
- Email, fax, and mail your letter to EVERY address you have for the health plan.
- Wait four to six weeks, and, if you don't hear back, follow up with the plan.
- If you receive a rejection notice, try again in six months.
- Keep records of all the actions you have taken.

Increasing access to care

Despite new 2024 federal rules to strengthen the 2008 [Mental Health Parity and Addiction Equity Act](#), there are still a large number of people in the United States who do not receive the mental health treatment they need.

While many people in the U.S. are now covered by public or private health plans, a [2022 report from Mental Health America](#) found that 54% of people covered by a health plan didn't receive the necessary mental health treatment—meaning coverage doesn't always guarantee care.

Communities of color especially face disparities in access to mental health treatment. Only [one in three](#) Black adults who need mental healthcare receives it, due to stigma, lack of diverse providers, lack of [culturally competent providers](#), and mistrust of the healthcare system.



“It is very important to me to serve marginalized populations—most commonly racially minoritized groups,” says Noble. “Because generational wealth and income may not reach the same levels as other less-oppressed populations, I try to consider this truth when I decide my rates, so I don't perpetuate the same systemic problems that keep these groups from accessing high-quality services.”

Disparities are also [higher in rural areas](#)—even though the prevalence of mental health issues may be similar to those who live in metropolitan areas. Rural areas tend to have less mental health providers, in general. Additionally, rural areas may lack providers with experience, training, or specializations local residents need.

In fact, according to the U.S. Bureau of Health Workforce Health Resources and Services Administration (HRSA) [2023 Behavioral Health Workforce research](#), more than half of Americans (169 million people) live in a “mental health professional shortage area” or therapy desert.

“Therapists in therapy deserts often face a tough dilemma when setting self-pay rates. It's not as simple as picking a number—they have to consider the scarcity of services, the financial realities of their community, and their own practice costs,” says Taylor Wilson, founder of [Active Recovery Companions](#). “In regions where there are fewer options for clients, therapists may need to set higher rates to maintain a viable practice, even when their goal is to make care affordable. It's a balancing act, one that can weigh heavily on their minds.”

Can telehealth help expand access to care?

One potential solution to help reach more clients may be to offer [virtual therapy appointments](#).

Telehealth is typically a more convenient and [accessible option](#) for many people who may not have reliable transportation, those who may live in an area without nearby mental health services, and those who have childcare or other responsibilities, as well as individuals with disabilities.

“I fully believe that [therapy deserts and provider shortages are] a problem for many rural communities, including the one where I grew up,” says Ingram. “This was a motivating factor in exploring, building, and maintaining a fully telehealth practice.”

With telehealth becoming increasingly common, it’s key for therapists to stay up to date on rules and regulations from their state’s licensing board.

In general, a therapist needs to be licensed in the state the client is located in during a session, but there are [some exceptions](#) to the rule. The best way to find out what is legal is to contact the state’s licensing board—especially as telehealth regulations are rapidly evolving.

Some therapists may choose to [get licensed in multiple states](#) in order to expand their pool of potential clients, though some may find this process to be time-consuming and costly.



To make it easier for therapists to practice in multiple states without requiring them to apply for licensure in each additional state, interstate compacts, such as [The Psychology Interjurisdictional Compact](#) (PSYPACT®) and the [Counseling Compact](#), have been created.

By [removing barriers to cross-state practice](#), these interstate compacts allow more clients to access care from a larger supply of clinicians via telehealth, which can be a game-changer for those in underserved or rural areas with previously limited access.

Still, the general rule is that therapists cannot see a client who is physically located in another state at the time of the session unless they are licensed in the state where the client is located, or their licensing board in that state allows such interstate practice.

“It doesn’t matter where the client resides,” says Griswold. “One thing to keep in mind is that even if you get licensed in that other state, insurance plans won’t always pay for an out of state therapist, or they may require you to be credentialed with the plan in that other state. You would need to check with the health plan.”



SimplePractice offers a [HIPAA-compliant telehealth platform](#) that is secure and easy to use. Telehealth is fully integrated into the SimplePractice EHR platform, along with other features such as a client portal, measurement-based care, and client waitlist.

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What do these rates mean for mental health clinicians?

Therapy is a helping profession. Therefore, many therapists didn't choose this career path for the money, but rather to help people.

Therapists who run their own private practices—and are in charge of setting their rates—may [feel shame or guilt](#) about “taking” money from individual clients.

For example, some therapists may worry [setting their rates](#) too high will lead them to lose clients and possibly even go out of business, and consequently they may choose to set their rates lower. This can lead to clinicians undercharging for their services, and ultimately, earning less.

“Becoming resentful over not feeling paid one's worth can negatively impact the therapeutic relationship,” says Silverberg.

“It is my duty to ensure this doesn't happen, and I am the only one who can do it.”

Setting session rates too low or too high can also impact client retention. For example, if therapists set therapy rates too high, clients may not be able to afford the ongoing costs of treatment. However, if therapists set rates too low, they may risk clients perceiving the services as less valuable.

“Our clients as a whole are better off if we are able to keep our businesses open and running. And, that requires setting reasonable rates to counter our own (often rising) costs,” says Oberleitner. “It is important to focus on where your practice is heading, not just the present when setting and adjusting fees.”

If a client were to leave a practice because of a rate increase, Noble says, “I would argue that part of the reason was because they didn't understand the increase or felt it was handled in a way that was inconsiderate of their needs.”

With demand for mental health care rising, client waitlists are getting longer. According to the American Psychological Association, [72% of clinicians](#) have longer waitlists than before the start of the COVID-19 pandemic.

Therapists who fill their schedules with dozens of appointments may be earning more money, however, they may also be at greater risk of burnout. With clients paying therapists for their time, it's essential for therapists to be mindful about the dangers of overwork.

With [over half of therapists](#) reporting that they have experienced burnout in 2023, it's important for therapists to keep their own mental health top of mind.

“My viewpoint at this stage [in my career] is that clients need to be a good fit in all ways, even financial,” says Silverberg. “If my fees are not practical for a certain client, then they need to see someone with a fee that is.”



“All of us in the field have had years of graduate education, training, supervision, and more to get where we are, and remembering to hold our value is important,” says Oberleitner.

How to set and raise therapy rates

Whether therapists are setting their rates for the first time or determining if they should [increase their existing rates](#), there are numerous questions to consider.



“It is many times clear to us that we need to increase our rates for our own financial security and increased costs, but many of the fears we are carrying are the immediate “what ifs,” says Oberleitner. “What if my clients cannot afford my rate?” “What if I cannot maintain my caseload?””

According to Oberleitner, a few things that can help when setting or raising rates are:

- Easing existing clients into the increase, allowing time to plan and adjust, or let them know when your rates change annually so they can expect it (e.g., Jan 1).
- Considering alternative fee structures such as low cost slots, reduced fees, income tiers, or a [pay-what-you-can](#) option or sliding scale.
- Being clear about your fees on your website and any early communications so that potential clients can self-select that your fees work for them.

Here are some more tips to help therapists evaluate, set, and adequately raise their rates.

Calculating therapy rates

[Budgeting](#) and the financial aspects of running a private practice are important skills for therapists. Listing out every expense can help therapists better determine what their session rate should be.

One way to do this is by using some simple math, starting with the overall income goal per month.

$$\frac{\text{EXPENSES}}{\text{SESSION RATE}} = \text{AMOUNT OF SESSIONS NEEDED PER MONTH}$$

Silverberg uses a similar formula.



“I have a revenue number in mind at the end of the year and work backwards figuring out how many weeks I plan to work and how many hours per week I would like to work, and see what hourly rate will get me close to my end of the year number,” she says.

Increasing session rates

As business expenses increase—and other costs outside of our control fluctuate—it’s key for therapists to evaluate their rates on a regular basis.

For Silverberg, she raises her rates every year starting on January 1, even if it’s just a dollar.

“This keeps me in the mindset of evaluating my fee throughout the year and then reflecting on— not if—but how high I plan to go,” she says. “It also prevents me from feeling underpaid for an extended period of time and then doing a big, uncomfortable jump every few years. A typical increase would be in the \$3 to \$7 range per year.”

“I’m often reminded of a statement my graduate mentor made to me some years ago, at a time when I really, really struggled with the thoughts of charging for my services someday,” Oberleitner says. “He showed me a graph of how the rates and income of mental health providers was growing shockingly lower than other areas of physical healthcare. He reminded me that even if I felt uncomfortable asking for a reasonable fee (whether for a position or for session rates), that I was impacting the view and value of mental healthcare.”

Once a therapist decides how much to increase their session rates, next it’s important to inform clients and give them substantial notice. The [Raising Your Rates letter template](#) can be helpful for this purpose.

Alternative fee offerings

Therapists can also offer other ways to pay rather than a fixed rate.

For example, a sliding scale fee structure can be helpful for clients without insurance or for those who have out-of-network benefits.

Sliding scales typically factor in a person’s income level. The way a therapist sets these up is their own decision—such as setting certain rates for specific income brackets or using a formula.

An alternative to the sliding fee scale is known as [Pay What You Can](#) (PWYC). In this structure, therapists have a standard rate, but don’t use a formula or scale to set rates. Instead, rates are set on a client-to-client basis during the intake session.

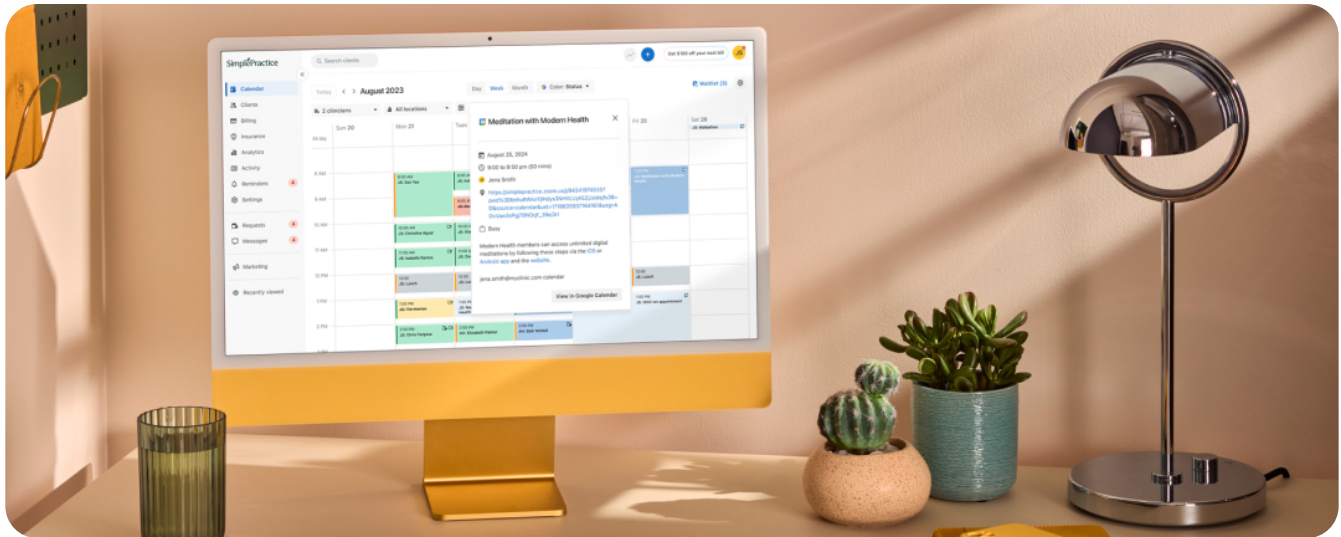
“I think if nothing else, clinicians should be skilled at communication and having ‘tough conversations,’” says Noble. “In this way, clinicians can begin the conversation ahead of time and make sure that clients know what is coming and can also learn about specific needs certain clients may have.”

For some clients, a therapist may even decide to offer payment plans, allowing them to pay a smaller amount on a weekly or monthly basis, and keep tabs on their clients’ overall balance.

With any fee structure, it’s important to be upfront with clients during the initial consultation and make sure they understand what they will owe for each session.

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*Based on a survey of 801 SimplePractice clinicians conducted in April 2023

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Thanks to Lindsay Oberletiner, PhD, Kari Silverberg, MA, LMFT, CHt, EAS-C, Jennifer Noble, PhD, Jen Ingram, LCSW, Jenna Hersberger, PhD, LPCC, NCC, Audrey Schoen, LMFT, Taylor Wilson, and Katelyn McMahon for their professional expertise.

Appendix

A NOTE ON CUSTOMER PRIVACY

We do not sell customer data to third parties, nor do we publish data that could be linked to a practice or clinician. Furthermore, when we do publish research on customer data, it is always aggregated and never contains personally-identifiable information

METHODOLOGY

The data included in this white paper reflect actual session rate data billed by SimplePractice customers in the U.S. from 2019 to 2024 for both self pay and insurance pay sessions.

This report also includes data from 104,679,056 session fees (self pay and insurance pay) collected in 2023-2024, from nearly 204,000 unique SimplePractice customers located in all 50 states and the District of Columbia, who recorded sessions using CPT codes 90832, 90833, 90834, 90836, 90837, and 90838.

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