

Breaking Barriers in Student Mental Health

Reimagining Support for the
Digital Generation



Table of Contents

The Challenge	01
Prevalence and Demand	01
The Treatment Gap	02
The Numbers	02
Schools: Central but Constrained	02
Why Schools	02
Capacity Problems	03
When Systems Break Down	04
The Need for Innovation	04
The Consequences of Unaddressed Needs	05
Impact on Students	05
Impact on Schools	05
Personal Access Barriers	06
Attitudinal	06
Structural	07
Silent Sufferers	07
When Students Turn to AI	08
Bridging the Gap With Text-Based Mental Health Support	09
Why Text-Based Support	09
Reaching First-Time Help Seekers	09



Removing Barriers to Access	09
Equity and Reach	10
Evidence of Efficacy	10
Counsler: On-Demand Text-Based Support from Licensed Professionals	11
Counsler Within the Multi-Tiered System of Supports	12
Counsler: Reaching the Unreachable	13
Conclusion	15
About Counslr	15



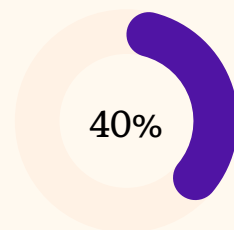


The Challenge

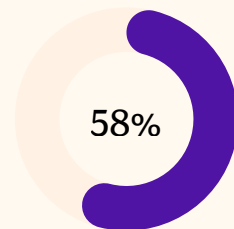
Prevalence and Demand

Depression, anxiety, and behavioral disorders are among the leading causes of illness and disability for adolescents, reflecting a sustained and widespread mental health burden in this age group [1]. Among high school students, emotional distress is both prevalent and persistent, with approximately 40% reporting ongoing feelings of sadness or hopelessness in 2023, following similar or higher levels in prior years [2]. Schools are experiencing this burden directly: more than half report increases in students seeking mental health services, with growing staff concern about depression, anxiety, trauma, and emotional dysregulation [3]. This data indicates that a substantial share of students are navigating significant mental health challenges during critical developmental and academic periods.

This burden is intensified by loneliness and is unevenly distributed across student populations. Clinical depression ranks as a main cause of disease and disability in young people globally, with onset commonly beginning in mid-adolescence [4]. Young people also have a higher prevalence of loneliness, which has medium to large negative effects on mental health and overall well-being [4]. Meanwhile, female students and LGBTQ+ students experience disproportionately higher rates of distress and suicidal thoughts [5]. Students from racially and ethnically marginalized groups are at increased risk for feelings of social isolation and alienation at school [6].



of high school students reported ongoing feelings of sadness or hopelessness in 2023.



of schools reported that the number of students who sought school-based mental health services increased since the prior school year (2023-2024).

The Treatment Gap

The Numbers

Mental health needs among adolescents significantly outpace access to care. Youth mental health conditions remain widely underrecognized and untreated, with diagnoses capturing only a fraction of true distress [1,7]. In the U.S., 20% of adolescents ages 12–17 report unmet mental health care needs, while symptom prevalence is far higher than diagnosis rates [7]. For instance, 18% of adolescents ages 12–17 reported depression symptoms in the past two weeks, while diagnosed depression captures only 4% of youth ages 3–17 [7]. Contributing to this gap, 45% of adolescents have not discussed their mental and emotional health with a healthcare professional, suggesting that many who do access healthcare for other reasons are not raising mental health concerns [7]. Meanwhile, school-based services reach only a small share of those in need. In the 2024–2025 school year, an average of just 18% of students utilized school-based mental health services [3].

20%

of adolescents ages 12–17
report unmet mental health
care needs.

45%

of adolescents have not
discussed their mental and
emotional health with a
healthcare professional.

18%

of students utilize school-
based mental health
services.

Schools: Central but Constrained

Why Schools

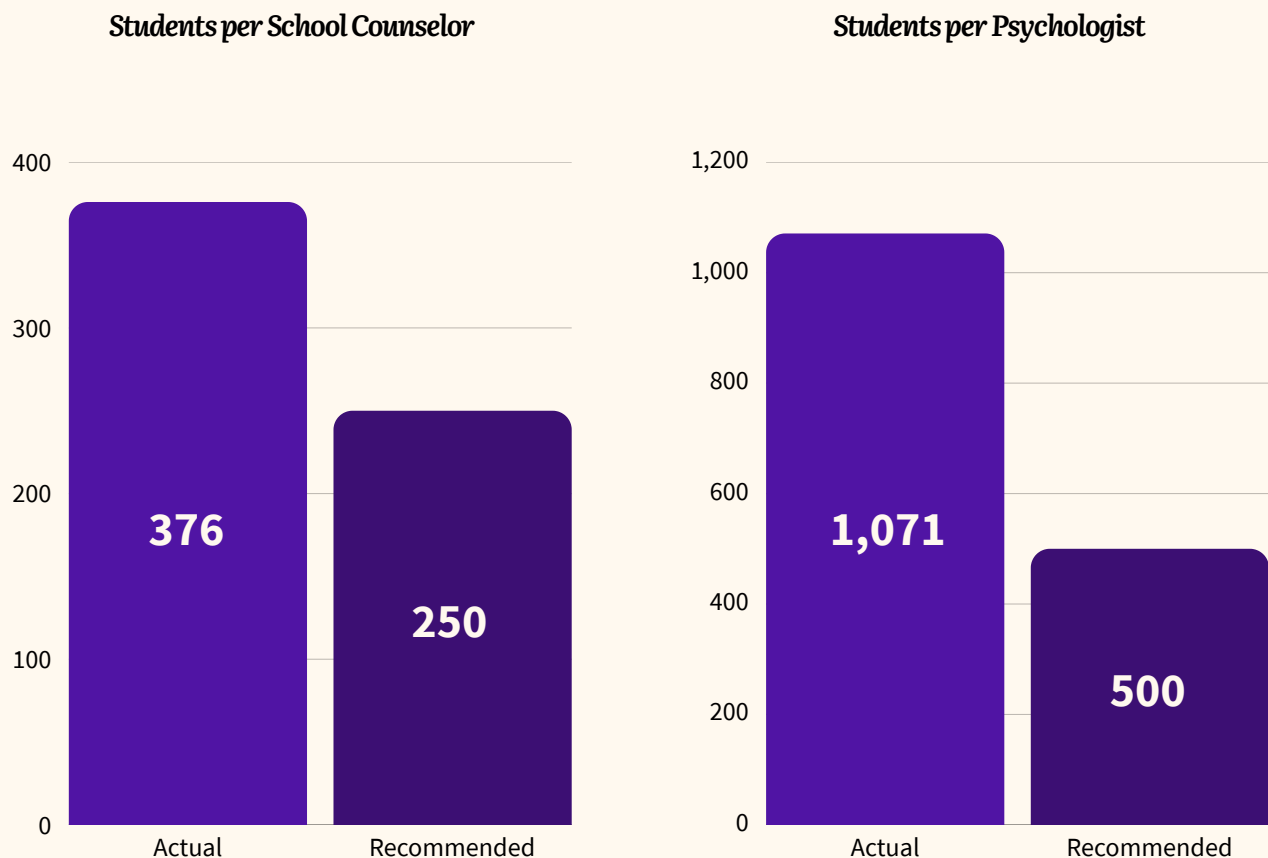
Schools are a central access point for youth mental health support and are often the first setting in which concerns are identified. An estimated 70–80% of youth who receive mental health services access them through schools [9]. Because school staff interact with every child and adolescent, they are uniquely positioned to identify potential problems and support mental health through education, prevention, and early intervention, particularly for students who may not engage with traditional mental health systems [5,6,10].

Early identification and intervention are critical to preventing the escalation of mental health problems [8]. Schools can promote favorable outcomes by fostering supportive environments, connecting students to caring adults, and integrating mental health literacy initiatives that reduce stigma and increase willingness to seek help [5,6]. However, while schools can increase students' willingness to seek help, their ability to respond depends on the availability of timely, accessible support once students decide to reach out.

Capacity Problems

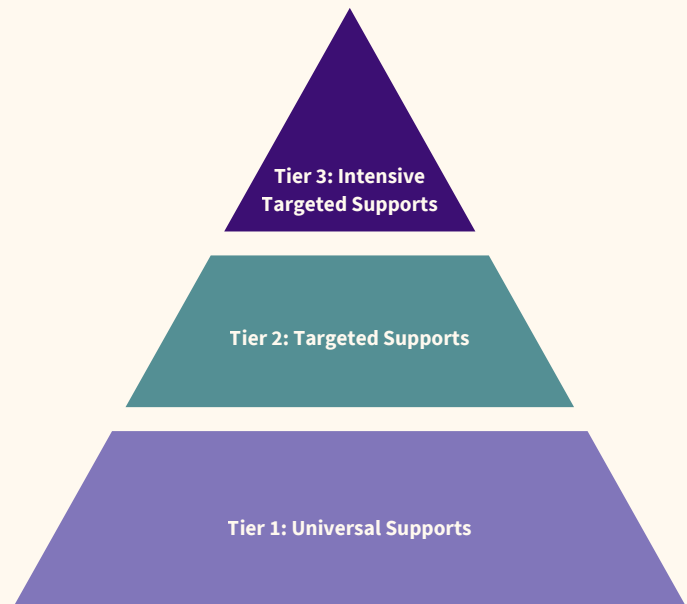
School capacity constraints significantly limit the staff's ability to meet rising mental health needs. Only half of public schools report they can effectively provide mental health services to all students in need, with more than a third stating they cannot [3]. Staffing ratios further illustrate the scale of the problem: although the American School Counselor Association recommends a 250-to-1 student-to-counselor ratio, the national average was 376-to-1 in the 2023–2024 school year [11]. Shortages are even more severe for school psychologists, with a national ratio of approximately 1,071 students per psychologist—more than double the National Association of School Psychologists' recommended 500-to-1 ratio [12]. To meet recommended staffing levels, the U.S. would need an estimated 63,000 additional school psychologists [13]. However, retirements and attrition outpace new entrants, faculty shortages constrain graduate training capacity, and some states have no school psychology programs at all [13]. Even sustained investment would take years to translate into meaningful workforce growth, leaving schools structurally unable to scale mental health support in the near term.

Students per School Counselor and School Psychologist: Actual vs Recommended



When Systems Break Down

Capacity constraints fundamentally distort how mental health support functions within schools, particularly within the Multi-Tiered System of Supports (MTSS), an evidence-based framework for organizing academic, behavioral, and social-emotional services. MTSS is a tiered, evidence-based approach designed to improve student outcomes through universal prevention for all students (Tier 1), targeted early interventions for students showing signs of difficulty (Tier 2), and intensive, individualized supports for students with significant needs (Tier 3) [6,14]. When implemented as intended, MTSS emphasizes prevention and early intervention to address mental health concerns before they escalate into more severe or chronic conditions and is associated with improved coping skills, social-emotional competencies, and functioning among students [15,16].



In practice, staffing shortages and competing responsibilities undermine this model. School psychologists are frequently spread across unmanageable caseloads, limiting their ability to deliver Tier 1 prevention and Tier 2 early intervention and forcing services to concentrate on legally mandated special education and crisis response [13]. As a result, students with emerging or moderate mental health needs often receive little or no support until they reach crisis levels. This dysfunction is compounded by widespread educator burnout: according to the CDC's 2023 Mental Health Action Guide for School and District Leaders, 73% of teachers and 85% of principals report experiencing frequent job-related stress, about twice as high as the average across all work sectors [6]. Combined, these challenges reduce schools' capacity to identify, monitor, and respond to student mental health concerns, reinforcing a reactive rather than preventive system of care [6].

Students with emerging or moderate mental health needs often receive little or no support until they reach crisis levels.

The Need for Innovation

Traditional school-based mental health services face structural constraints that limit their reach, even when students are willing to seek help and adequate staffing exists. Missing class is a major obstacle: in one study of a school-based intervention, 100% of students who dropped out of the intervention cited missing class as the reason [10]. Schools also face space constraints and scheduling complications due to

the need to work around testing periods, making it difficult to consistently deliver services during the school day [10]. Effective solutions must complement school systems while extending beyond the constraints of the school day and setting.

Addressing this gap requires meeting young people where they are. While schools remain a critical access point, experts emphasize the importance of ensuring accessible support outside the school context to navigate barriers inherent to school-based services [8]. Novel modes of delivery—including telehealth, mobile text messaging, and other digital platforms—can extend mental health services beyond traditional school hours and settings, reaching students at home or during disruptions to school attendance [9]. In rural communities particularly, telehealth can bridge long distances between providers and students who need services, while schools can provide access to reliable broadband internet to support these connections [6]. These approaches can complement existing mental health services, operating in partnership with schools rather than replacing existing school-based support.

The Consequences of Unaddressed Needs

Impact on Students

Failing to address mental health conditions during adolescence has consequences that extend well into adulthood [1]. In the short term, youth with poor mental health—including those experiencing school attendance problems—often experience adverse effects on emotional regulation, relationships, and academic functioning [5,9,10]. These difficulties are frequently accompanied by heightened isolation and vulnerability and are associated with increased exposure to health and behavioral risks, such as substance use or experiences of violence, during a developmental period when lifelong coping patterns are being established [5,9]. Early intervention is critical to prevent these interconnected challenges from compounding and disrupting long-term development.

Poor mental health and school attendance problems disrupt emotional regulation, relationships, and academics while also increasing isolation and exposure to risks like substance use and violence during critical developmental years.

Impact on Schools

Student mental health challenges also carry direct consequences for schools' academic outcomes and measures of school quality and performance. Anxiety, depression, and related internalizing problems are strongly associated with changes in school attendance, which often serve as early warning signs of broader academic difficulty [1,9]. Mental health-related absenteeism accounts for a meaningful share of days missed and is closely linked to lower achievement in numeracy and literacy, declining grade point averages, and increased course failure [9]. Course failure is

Changes in school attendance linked to anxiety, depression, and internalizing problems often signal broader academic trouble. Mental health-related absences account for a significant share of days missed and correlate with declining literacy and numeracy scores, lower GPAs, and course failure.

commonly used in early warning systems to identify students at risk of dropping out [9]. Longitudinal research further shows that emotional problems emerging in early adolescence are associated with incomplete coursework and reduced eligibility for postsecondary education in later years [17]. These internalizing difficulties are often less visible than behavioral concerns, meaning students may go unidentified despite experiencing significant academic harm [17]. Because attendance rates and academic performance are tied to school evaluation, funding, and enrollment stability, unaddressed student mental health needs can undermine not only individual outcomes but also schools' institutional performance and long-term viability [9].

Personal Access Barriers

Attitudinal

Many adolescents experiencing mental health distress do not seek help because they fear they won't be understood or struggle with the interpersonal demands of disclosure. Research from the JED Foundation found that while 74% of teens recognize that reaching out is a sign of strength, many face substantial barriers: 51% report feeling that others wouldn't understand them, 51% would be very uncomfortable talking about their mental health, 47% don't want to be a burden to others, and 42% don't have the words or language to express their feelings [18]. Many report discomfort with face-to-face conversations, difficulty finding the words to describe their feelings, and feeling overwhelmed by the act of initiating a conversation [18,19]. Beyond these communication barriers, stigma, fear of judgment, and concerns about confidentiality also lead many young people to manage problems privately in order to preserve control over how they are perceived [1,4,8,10,18]. Certain barriers are particularly pronounced among Asian, Hispanic/Latinx, Black/African American, and LGBTQ+ teens [18]. This creates a disconnect between recognizing the need for support and being able to act on it.

74% of teens recognize that reaching out is a sign of strength, but various barriers discourage help-seeking.

51% report feeling that others wouldn't understand them.

47% say they don't want to be a burden to others.

51% say they would be very uncomfortable talking about their mental health.

42% say they don't have the words or language to express their feelings.

Structural

Beyond attitudinal barriers, students face concrete structural obstacles that prevent access to mental health support even when they recognize the need and are willing to seek help. Provider shortages and long wait times create significant access challenges, and many students simply don't know where to go for help or who to approach [6,8,9,18,19]. Cost also represents a significant barrier, with students citing inability to afford services and insufficient insurance coverage as obstacles [6,9,10,18,19]. Transportation challenges prevent many from accessing off-site services, and scheduling conflicts create an additional barrier for adolescents navigating busy schedules [6,9,10].

Students from non-English speaking families face additional challenges. Language differences between parents and school personnel impede identification of needs and navigation of services [10]. Hispanic students are substantially less likely to have access to professional mental health support compared to their White peers [20]. The workforce reflects this: 92% of school psychologists are fluent only in English, and among those fluent in a second language, only about 12% provide services in that language [13].

Top Barriers:

- Cost
- Transportation
- Long wait times
- Don't know where to go

Language and Access

92%

of school psychologists are
fluent only in English.

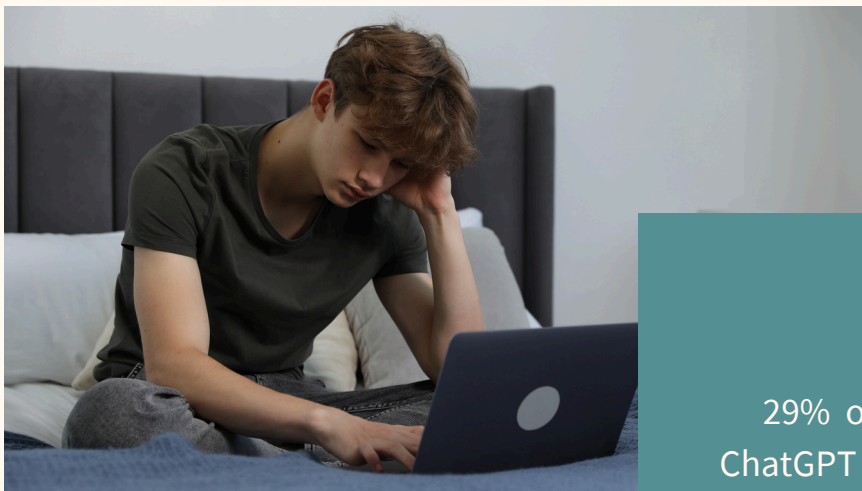
Silent Sufferers

The students most in need of support are often the least likely to initiate it.

When distress is managed privately rather than disclosed, a substantial number of students experience ongoing symptoms without accessing care, becoming "silent sufferers." Research indicates that students with clinically significant depression or anxiety are more likely than their peers without these symptoms to report reluctance to seek help from school adults. This is most evident among students who prefer to manage problems independently or report multiple barriers [8]. Students struggling with their mental health may experience more internalized stigma, and core symptoms—such as hopelessness, guilt, diminished cognitive functioning, and discomfort communicating distress—can further suppress help-seeking, even when need is high [8]. As a result, the students most in need of support are often the least likely to initiate it, creating a systematic mismatch between severity of need and likelihood of access.

When Students Turn to AI

Faced with these barriers, students are turning to alternative sources of support that, while highly accessible, pose serious risks. Twenty-nine percent of students have used ChatGPT for dealing with anxiety or mental health issues [21]. Unlike traditional services, AI chatbots don't require appointments, many don't cost money, they are always available, and they offer validation without judgment or the fear of being seen as weak [22]. For teens facing the barriers outlined above, these features attract many who are seeking accessible support.



29% of students have used ChatGPT for dealing with anxiety or mental health issues.

But the risks are severe. AI chatbots have failed to recognize mental health crises, encouraging a teen who said she was "hearing voices" and wanted to go into the woods alone to pursue it as an "adventure" [22]. They easily produce inappropriate content and act as sycophantic companions, giving users preferred answers rather than challenging harmful thinking [22]. One chatbot gave advice essentially advocating for an eating disorder [21]. And the consequences can be fatal—sixteen-year-old Adam Raine died by suicide after ChatGPT "encouraged and validated" his suicidal thoughts [22]. A 14-year-old boy died by suicide after forming an intense bond with a Character.AI chatbot that "initiated abusive and sexual interactions" [22]. These tools cannot reliably provide appropriate guidance or offer the human connection students need when facing mental health challenges.



Bridging the Gap With Text-Based Mental Health Support

Why Text-Based Support

Reaching First-Time Help Seekers

Text-based mental health support addresses the barriers that prevent students from accessing traditional services and reaches those least likely to seek help. Research consistently shows that text-based platforms engage first-time help-seekers at substantially higher rates than traditional services. When comparing help-seeking modalities, one study found that 50.7% of students using text-based support had never had formal mental health support, compared to 33.3% of phone users [23]. Among Crisis Text Line users, who are predominantly under age 25, 77% do not receive help from a doctor or therapist when in crisis, and 28% report having no additional sources of help at all [20]. These findings demonstrate that text-based support successfully reaches students who would otherwise navigate mental health challenges alone.

Removing Barriers to Access

Eighty-five percent of teens seeking support already turn to online sources [18]. Text-based support meets students in this digital space while removing the barriers that prevent access to traditional services. Students can access support without transportation, without missing class, and without navigating appointment scheduling or school space constraints.

85% of teens seeking support already turn to online sources.

Text-based services also address stigma-related barriers, allowing students to seek help without being seen by peers or facing the social exposure that deters many from seeking traditional support. In a study of text-based counseling users, a majority of participants confirmed that the accessibility of text-based services motivated its selection over conventional face-to-face support, and 82% confirmed that text-based services felt safer due to increased privacy [19]. The text format also allows students time to compose thoughts rather than responding immediately, and 72% reported that text reduced the emotional intensity of discussing difficult topics [19]. Text-based communication offers protection from emotional exposure, allowing users to control how much they reveal while maintaining autonomy over the conversation [19] [20]. Students are more likely to disclose weighty or sensitive problems through text than phone, indicating that the modality facilitates deeper, more honest disclosure [23].



74%

chose text-based
services for
accessibility.



82%

valued the
increased privacy
of text.



72%

reported text
reduced emotional
intensity.

Equity and Reach

Text-based services reach marginalized populations who face additional barriers to traditional care. Among young people seeking help, those who identified as non-heterosexual preferred text-based services versus phone (35.9% vs. 20.4%) [23]. Text-based services have also been shown to reach higher proportions of Asian and Black African or Caribbean students than phone services [23]. Texting frequently feels more socially and emotionally protected [19], allowing users to reveal as much or little of their feelings as they wish while maintaining greater control over the flow of the conversation, and these features may appeal to groups that have been marginalized [20].

Evidence of Efficacy

Finally, emerging evidence supports the efficacy of text-based interventions. A randomized trial among adults found no differences in outcomes between message-based and video-based psychotherapy, with comparable treatment response rates (47.5% vs 47.2%), but message-based interventions demonstrated better engagement [24]. Another large-scale evaluation found high user satisfaction, with 86.5% of users reporting their conversations as helpful [25].

Counslr: On-Demand Text-Based Support from Licensed Professionals

Counslr provides students with unlimited access to on-demand text-based mental health support from licensed therapists, available 24/7/365 through a mobile app. The service is designed to reach students who need support but do not seek it due to cost, inconvenience, or stigma. Students can initiate a live texting session on-demand, with an average response time of under two minutes, or schedule sessions in advance. All sessions are provided at no cost to students by partnering with school districts.



**Text-Based
Support**



**Available
24/7/365**



**Licensed
Professionals**



**Self-Guided
Resources**

Teens report wanting helpers who listen without judgment, maintain confidentiality, and demonstrate understanding and empathy [4,18]. Counslr delivers support under all these conditions, provided by licensed professionals trained in these competencies, ensuring that the accessibility of text-based support does not come at the cost of quality. Research indicates that when users perceive their counselors as genuinely concerned for their wellbeing, they report significantly better outcomes [25]. Unlike AI chatbots or other non-professional alternatives, Counslr's licensed therapists provide professional-grade support through the communication channel students prefer, combining digital accessibility with evidence-based human guidance.

What Matters to Teens:



**Listening without
judgement**



Confidentiality



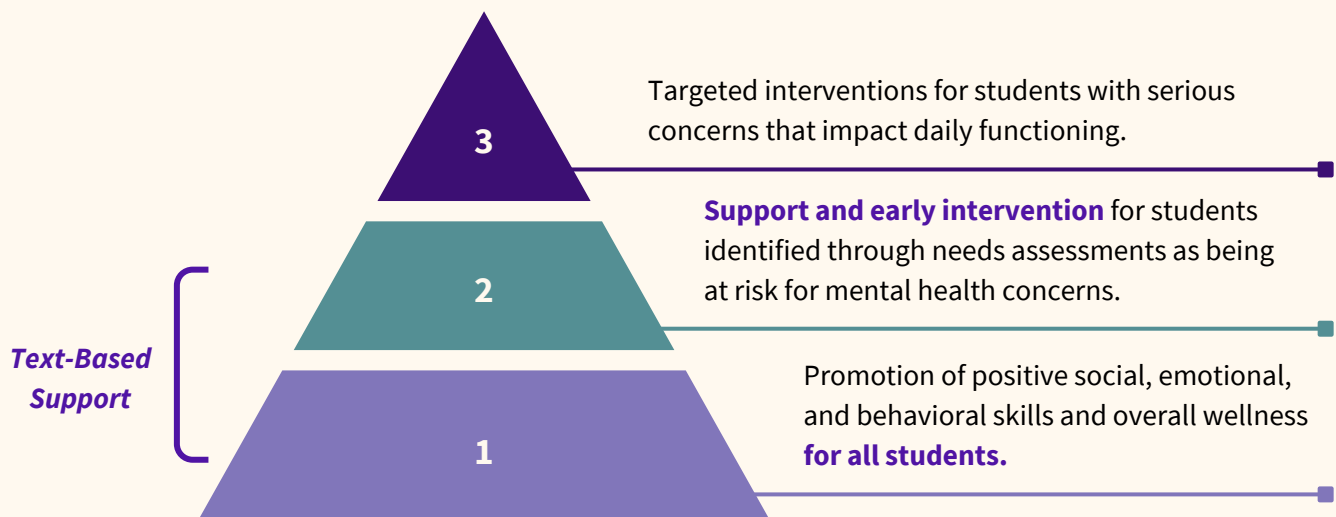
**Understanding and
empathy**

Beyond live sessions, Counslr incorporates an in-app Wellness Toolkit composed of vetted self-guided resources designed to support relaxation, sleep, fitness, habit-building, and more. The Wellness Toolkit serves as a low-commitment entry point for students who may be hesitant about immediate live sessions, encouraging initial engagement with the platform.

Counslr Within the Multi-Tiered System of Supports

As described earlier, capacity constraints prevent schools from delivering the prevention and early intervention emphasized in the MTSS framework—a tiered approach providing universal prevention (Tier 1), targeted early interventions (Tier 2), and intensive supports (Tier 3) [13] [14] [6]. School psychologists, spread across unmanageable caseloads, are forced to concentrate on delivering legally mandated special education services and crisis response, leaving students with emerging or mild or moderate mental health needs without support until problems escalate [13]. Within this context, Counslr functions at the intersection of Tier 1 and Tier 2, assisting with prevention and early intervention.

Counslr's universal availability positions it as a preventive resource supporting overall mental wellness, consistent with Tier 1 objectives. At the same time, its direct, one-on-one support sessions provide early, individualized intervention for students beginning to experience emotional or behavioral challenges, addressing Tier 2 goals. Because Counslr is accessible anywhere students have their devices—at home, during non-instructional school time, on weekends, or in moments of need—and requires no appointments or missing class, it fills gaps in school-based support that capacity constraints and personal barriers create.



Rather than replacing school-based professionals, Counslr complements existing services by filling the prevention and early intervention gap that capacity constraints create, allowing school psychologists to focus their clinical expertise on students requiring intensive assessment and intervention at Tier 3. This integrated approach addresses emerging concerns before they escalate, ensuring that when students do need professional, in-person support and counseling, those professionals can dedicate their limited capacity to cases requiring their full clinical skill set. Counslr helps students seek support sooner, keeping small challenges from becoming larger issues and connecting them to the right level of care when needed.

Counslr: Reaching the Unreachable

Platform data from the past year demonstrates Counslr's effectiveness in reaching students who would otherwise go without support. Nine out of ten Counslr users had never previously accessed mental health services before using the platform, validating its ability to reach first-time help-seekers. Additionally, 94% of users report positive post-session feedback, demonstrating high levels of user satisfaction.

Peer-reviewed research on Counslr's platform documented patterns consistent with current data, particularly regarding accessibility [26]. Current platform data shows that 61% of sessions occur outside standard business hours. This pattern aligns with the published research, which found that 80% of sessions occurred between 7PM and 5AM. The research also documented that sessions averaged 40 minutes in length, comparable to traditional counseling appointments and indicating that the text-based format supports substantial, meaningful engagement rather than brief exchanges. Beyond actual usage patterns, research on digital mental health interventions indicates that "perceived support"—the trust that support will be readily available if needed—has a strong influence on mental health outcomes [27]. User survey data supports this: 49% of Counslr users report improved peace of mind from knowing licensed counselors are available 24/7, even when they are not actively using the service.

Additionally, Counslr's workforce diversity addresses gaps in the school psychology profession. While 86% of school psychologists are white, only 8% are Hispanic, and 92% are fluent only in English [13], Counslr's counselors are 33% white, 38% Latinx, 25% Black, and 4% Asian, with 38% speaking Spanish. This diversity better reflects the student populations schools serve and reduces language and cultural barriers that prevent many students from accessing traditional services.

89%

First-time help seekers

94%

Report positive feedback

61%

Sessions outside of business hours

49%


Report peace of mind from knowing support is available 24/7

38%


Spanish-speaking counselors



Counslr's text-based support model has been independently evaluated in peer-reviewed research published in JMIR Formative Research (2025). The study examined 327 support sessions conducted between October 2021 and October 2023 with students and employees whose organizations partnered with Counslr. Key findings included:

 **80%**
of sessions occurred between
7PM and 5AM

 **40 min**
Average session length

 **63%**
of users preferred on-demand
access over scheduled
appointments

Relationships
Depression
Anxiety

Most common topics
discussed

Conclusion

The student mental health crisis demands solutions that extend beyond traditional service models. While schools remain essential access points, capacity constraints and individual access barriers prevent them from reaching the majority of students in need, particularly those experiencing emerging distress before it escalates to crisis. Text-based support from licensed professionals addresses this gap by removing the obstacles that keep students from seeking help: cost, stigma, scheduling conflicts, and the discomfort of face-to-face disclosure. By delivering on-demand, professional-grade support through the communication channel students already prefer, platforms like Counslr complement school-based services within the MTSS framework, providing the prevention and early intervention that capacity-constrained school staff cannot consistently deliver. Most critically, this approach reaches the students who suffer in silence, those whose symptoms actively suppress help-seeking or who manage distress privately to avoid judgment. When the students most in need are systematically the least likely to seek support through conventional channels, accessibility is the difference between early intervention and downstream harm.

About Counslr

Founded in 2019 on Long Island, New York, Counslr is a digital mental health company that partners with organizations to provide their constituents with unlimited access to live text-based support sessions with licensed mental health professionals, available 24/7/365 through a mobile app. The platform was designed to reach those who need support but do not seek it due to cost, inconvenience, or stigma, functioning as an approachable first step that fills gaps left by traditional mental health care systems. By delivering care at no cost to users of partnering organizations and empowering individuals to address issues on their own terms, Counslr helps keep smaller problems from requiring more intensive support while reaching those who slip through the cracks of traditional care. Since launching with a single partnership at a small New York college, Counslr now serves tens of thousands of covered lives across schools, businesses, and nonprofits nationwide, with 89% of active users having never previously accessed mental health care.



References

1. World Health Organization. (2025, September 1). Mental health of adolescents. Retrieved November 10, 2025, from <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
2. Centers for Disease Control and Prevention. (2024, November 29). Youth mental health: The numbers. Retrieved November 10, 2025, from <https://www.cdc.gov/healthy-youth/mental-health/mental-health-numbers.html>
3. Panchal, N., Cox, C., & Rudowitz, R. (2025, September 11). The landscape of school-based mental health services. KFF. Retrieved November 10, 2025, from <https://www.kff.org/mental-health/the-landscape-of-school-based-mental-health-services/>
4. Prizeman, K., McCabe, C., & Weinstein, N. (2024). Stigma and its impact on disclosure and mental health secrecy in young people with clinical depression symptoms: A qualitative analysis. *PloS one*, 19(1), e0296221. <https://doi.org/10.1371/journal.pone.0296221>
5. Centers for Disease Control and Prevention. (2024, November 29). Mental health. Retrieved November 10, 2025, from <https://www.cdc.gov/healthy-youth/mental-health/index.html>
6. Centers for Disease Control and Prevention. (2023, December). *Promoting mental health and well-being in schools: An action guide for school and district leaders*. https://www.cdc.gov/mental-health-action-guide/media/pdfs/DASH_MH_Action_Guide_508.pdf
7. Centers for Disease Control and Prevention. (2025, June 5). Data and statistics on children's mental health. Retrieved November 10, 2025, from <https://www.cdc.gov/children-mental-health/data-research/index.html>
8. Patte, K. A., Battista, K., Goddard, J., Ferro, J., & Leatherdale, S. T. (2024). Students' reasons for being reluctant to seek help for mental health concerns in secondary schools. *Cogent Mental Health*, 3(1). <https://doi.org/10.1080/28324765.2023.2298918>
9. Kearney, C. A., Dupont, R., Fensken, M., & González, C. (2023). School attendance problems and absenteeism as early warning signals: Review and implications for health-based protocols and school-based practices. *Frontiers in Education*, 8, Article 1253595. <https://doi.org/10.3389/feduc.2023.1253595>
10. Girio-Herrera, E., Ehrlich, C. J., Danzi, B. A., & La Greca, A. M. (2019). Lessons Learned About Barriers to Implementing School-Based Interventions for Adolescents: Ideas for Enhancing Future Research and Clinical Projects. *Cognitive and behavioral practice*, 26(3), 466–477. <https://doi.org/10.1016/j.cbpra.2018.11.004>
11. American School Counselor Association. (n.d.). School counselor roles & ratios. Retrieved November 10, 2025, from <https://www.schoolcounselor.org/about-school-counseling/school-counselor-roles-ratios>
12. National Association of School Psychologists. (n.d.). State shortages data dashboard. Retrieved January 23, 2026, from <https://www.nasponline.org/about-school-psychology/state-shortages-data-dashboard#>

13. Lipkin, S. (2023). Needed: More school psychologists. *Phi Delta Kappan*, 105(3), 20-23.
<https://kappanonline.org/needed-more-school-psychologists-lipkin-nasp/>
14. American School Counselor Association. (2021). The school counselor and multitiered system of supports. Retrieved November 10, 2025, from <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Multitiered-System-of-Sup>
15. National Center for School Mental Health (NCSMH, 2023). *School Mental Health Quality Guide: Screening*. NCSMH, University of Maryland School of Medicine.
<https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Screening.pdf>
16. Macheca, E., Fuxman, S., & Lipton, B. (2024, July 10). Using MTSS to support student well-being: New fact sheets for schools. Institute of Education Sciences. <https://ies.ed.gov/learn/blog/using-mtss-support-student-well-being-new-fact-sheets-schools>
17. Agnafors, S., Barmark, M., & Sydsjö, G. (2021). Mental health and academic performance: a study on selection and causation effects from childhood to early adulthood. *Social psychiatry and psychiatric epidemiology*, 56(5), 857–866. <https://doi.org/10.1007/s00127-020-01934-5>
18. The Jed Foundation (2024). Unraveling the Stigma: Exploring Barriers to Mental Health Support Among U.S. Teens. <https://jedfoundation.org/unraveling-the-stigma-report>
19. Navarro, P., Bambling, M., Sheffield, J., & Edirippulige, S. (2019). Exploring young people's perceptions of the effectiveness of text-based online counseling: Mixed methods pilot study. *JMIR Mental Health*, 6(7), e13152. <https://doi.org/10.2196/13152>
20. Pisani, A. R., Gould, M. S., Gallo, C., Ertefaie, A., Kelberman, C., Harrington, D., Weller, D., & Green, S. (2022). Individuals who text crisis text line: Key characteristics and opportunities for suicide prevention. *Suicide and Life-Threatening Behavior*, 52, 567–582. <https://doi.org/10.1111/sltb.12872>
21. Sallay, D. (2024, April). *Vetting generative AI tools for use in schools*. Future of Privacy Forum. https://fpf.org/wp-content/uploads/2024/10/Ed_AI_legal_compliance.pdf_Final_OCT24.pdf
22. Stanford News Service. (2025, August 27). Why AI companions and young people can make for a dangerous mix. Stanford University. <https://news.stanford.edu/stories/2025/08/ai-companions-chatbots-teens-young-people-risks-dangers-study>
23. Haner, D., & Pepler, D. (2016). "Live Chat" Clients at Kids Help Phone: Individual Characteristics and Problem Topics. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent*, 25(3), 138–144.
24. Pullmann MD, Rouvere J, Raue PJ, et al. Message-Based vs Video-Based Psychotherapy for Depression: A Randomized Clinical Trial. *JAMA Netw Open*. 2025;8(10):e2540065.
[doi:10.1001/jamanetworkopen.2025.40065](https://doi.org/10.1001/jamanetworkopen.2025.40065)
25. Gould, M. S., Pisani, A., Gallo, C., Ertefaie, A., Harrington, D., Kelberman, C., & Green, S. (2022). Crisis text-line interventions: Evaluation of texters' perceptions of effectiveness. *Suicide & life-threatening behavior*, 52(3), 583–595. <https://doi.org/10.1111/sltb.12873>
26. Coffield, E., & Kausar, K. (2025). Evaluating user engagement with a real-time, text-based digital mental health support app: Cross-sectional, retrospective study. *JMIR Formative Research*, 9, e66301.
<https://doi.org/10.2196/66301>

27. Karnik, V., Henderson, H., Khan, U., & Boyd, J. (2023). Phone-based text therapy for youth mental health: Rapid review. *Interactive Journal of Medical Research*, 12, e47250.
<https://doi.org/10.2196/47250>