AD EDUXIAN JOURNAL
A Quarterly Multidisciplinary Blind Peer Reviewed & Refereed Online International Journal
Google Scholar Indexing PIF:1.048(I2OR) & 3.125 (IIFS)
Vol (2), Issue (3), Oct-Dec 2025 ISSN: 3048-7951

Psychology at the Crossroads: Navigating the Crisis of Mental Health Accessibility Amidst Technological and Societal Change in 2025

Nitin Singh[1]

DOI: https://doi.org/10.5281/zenodo.17652319

Review: 08/11/2025 **Acceptance: 09/11/2025** **Publication: 19/11/2025**

Abstract: Psychology is confronted with an unparalleled crisis in 2025, catalyzed by profound funding reductions, technology revolution, and escalating societal demand for mental health services. This article summarizes the key current issues, such as workforce volatility, constrained care access, ethical concerns catalyzed by the explosion of digital mental health resources, and growing clinical complexity. It integrates recent advances like AI-facilitated interventions, tele therapy platforms, and cross-disciplinary collaboration, outlining a blueprint for hybridizing technology with evidence-based practice and ethical regulation. Highlighting the necessity of renewed funding, wide policy advocacy, and specific public education aimed at stigma reduction, the research investigates how psychology can transform itself to provide universal, empathetic mental health care within the next decade. The article opines that there is a need for a mix of innovation and advocacy to address the increasing demand for quality mental health services globally.

Keywords: Mental health accessibility, psychology crisis, funding cuts, digital transformation, tele therapy, AI in mental health, ethical challenges, interdisciplinary collaboration, public education, stigma, evidence-based practice.

Introduction: The world psychology community is facing a crisis unprecedented in scope, focusing on the accessibility of mental health, workforce instability, and the integration of new technology ethically—a problem so profound that it has rewritten the maps of today's psychological science and practice (World Health Organization, 2025). Recent studies approximate that over one billion people worldwide are now living with mental health conditions, with anxiety and depression exerting such a huge human and economic cost (World Health Organization, 2025). In the USA alone, almost one in ten adults had reported last year experiencing a mental health crisis, a prevalence rate that Anderson et al. (2025) reported in a nationally representative study that also found staggering gaps in access, specifically for younger adults, marginalized groups, and those experiencing economic disadvantage (Anderson et al., 2025).

The imperative of this crisis is exacerbated by structural and fiscal barriers. Based on the World Economic Forum (2025), despite mental illnesses constituting about 10% of the global burden of disease, governments usually spend only 2% of healthcare budgets on mental health care—with low- and middle-income nations allocating even less, occasionally below 1% (World Economic Forum, 2025). This underfunding is also reflected in chronic shortages of competent professionals; estimates in the United States, for instance, indicate a 20% drop in

[1]**Nitin Singh,** Assistant Professor, Department of Psychology, Shri Rawatpura Sarkar University, Raipur
Email – singhnitin569@gmail.com

psychiatrists through 2030, threatening millions of untreated and increased use of emergency rooms and law enforcement as default crisis response systems (World Economic Forum, 2025).

The situation is made more complicated by intensifying technological change. While innovations such as AI-powered mental health applications, tele therapy platforms, and virtual reality-based interventions promise expanded reach and affordability, they also introduce pressing ethical questions about privacy, misdiagnosis, and depersonalization of care (APA, 2025; Galea et al., 2024). The conventional approach of expanding access to traditional treatments is no longer sufficient. Instead, contemporary researchers contend that solutions must address root causes—social, economic, and systemic determinants of mental health—while evolving models of care to favor integration, prevention, and person-centered recovery (Galea et al., 2024).

These complex dynamics demand innovative responses. Innovative thought leaders in the space call for reinforcing and diversifying crisis support systems, behavioral health incorporated within primary care, both formal and informal support systems taken advantage of, and workplace and community-based prevention programs invested in (World Economic Forum, 2025; Anderson et al., 2025). At the same time, preservation of avenues for help-seeking—either through professional medical networks or trusted peer supports—is essential, particularly as public awareness and trust behind crisis response services fall behind need (Anderson et al., 2025). The very high levels of mental health crises across vulnerable groups highlight the necessity for responsive, equitable systems that guarantee that care is accessible when, where, and how individuals need it most (World Health Organization, 2025).

In total, the mental health accessibility crisis fueled by budget shortages, staffing uncertainty, and ethical dilemmas of technological implementation represents psychology's defining issue in 2025. Through investments in established innovation, enhancing eligibility and coverage, and interdisciplinary and preventive models, psychology is able to forge a new direction toward integrated, universally accessible care (World Economic Forum, 2025; Anderson et al., 2025; Galea et al., 2024).

Current Major Problems

Funding Reduces and Workforce Uncertainty

The consequences of pervasive funding reductions and workforce uncertainty are one of the greatest threats confronting the practice of psychology in 2025, with effects that resonate from post-secondary education to practice environments (Connelly, 2025; Greater Good, 2025). As per Connelly (2025), billions of dollars in programmatic funding and research grants have been suspended or cut off due to executive orders and shifting federal priorities, disproportionately impacting psychologists and the agencies that sponsor training and innovation in mental health care (Connelly, 2025). Leaders in the field of psychological education, like Orsillo (2025), record that these deep cuts have "eliminated jobs and over $12 billion in funding for mental health services, addiction services, and disease surveillance," leading to a growing sense of uncertainty, confusion, and alarm among both academic and clinical communities (Orsillo, 2025).

Aside from the near-term disruption resulting from shutting down in-progress research projects, these funding crises translate into hiring freezes, decreased graduate admissions, and a precipitous decline in clinical and

research assistantships (Candid, 2025). The recruitment and retention chilling effect portends a deep talent drain among early-career researchers and practitioners who increasingly perceive the field to be unstable and unsustainable (Scientific American, 2025). Antonucci (2025) explains that enormous funding reversals at top agencies like the NIH and NSF have prompted institutions to withdraw graduate school invitations, reduce class sizes, and eventually end the pipeline of future psychologists prepared to fill society's needs (Antonucci, 2025).

The larger consequences of these cuts are also observed in the constricting research agenda and creative stalling that ensue from a hyper competitive battle the over available funds (Candid, 2025). Galea et al. (2024) and Falk et al. (2025) highlight that the decline in resources has instigated publication bias, whereby researchers urge positive findings to enhance their chances of securing grant funds at the cost of experimental rigor and scientific integrity (Galea et al., 2024; Falk et al., 2025). Additionally, the eroded leadership role of the United States in psychological research threatens the global scientific community's capacity to respond to arising mental health issues, as other nations continue to accelerate investment and draw away displaced American expertise (Candid, 2025).

Reacting, philanthropic groups like the American Psychological Foundation have tested crisis funding initiatives to assist with postponing the near-term effects and keeping essential work afloat (Quist Ryder, 2025). However, as Quist Ryder (2025) warns, "there is simply not enough money in the private sector to replace federal funding. Without robust investment in psychological research, the field may struggle to keep pace with evolving needs" (Quist Ryder, 2025). Trends today presage not just loss of scientific understanding but measurable erosion of national and worldwide health indicators, as employment loss and service disruption render mental health services less stable and progressively unavailable to the population (Connelly, 2025; Candid, 2025; Antonucci, 2025).

Access Disparities and Stigma

Disparities in access and stigma are a longstanding and deeply rooted barrier for current global mental healthcare, as recent data from the World Health Organization (2025) show that over one billion individuals across the globe are living with a mental health condition—yet the overwhelming majority are receiving no or minimal proper treatment (WHO, 2025). Extreme disparities in capacity within the workforce, investment in health systems, and infrastructure result in LMICs and rural areas having crushing gaps in treatment; with HICs having psychiatrist densities over 10 per 100,000 population, numerous LMICs maintaining fewer than one, and spending less than 1% of their health budgets on mental health care (Gopal et al., 2025; WHO, 2025). The resulting treatment gap in LMICs consistently is above 75%, and people may end up paying high out-of-pocket expenses and having limited local capacity, especially in India, Nigeria, and Kenya, where those numbers equate to significantly decreased access as compared to Germany or the UK, where mental health coverage is predominantly universal (Gopal et al., 2025).

In addition to the obvious economic and geographical disparities, stigma and discrimination also hinder the use of services where care facilities exist. Stigma towards psychiatric disease discourages seeking assistance, perpetuates social stigmatization, and is especially rampant within marginalized and minority communities, as highlighted by the World Health Organization and the United Nations Sustainable Development Goals (WHO, 2025; UN, 2025). In the United States alone, information from Mental Health America (2025) indicates that nearly

one in ten adults requiring mental health care was uninsured or could not afford services, while two-thirds to three-quarters of those worldwide who are eligible for formal diagnosis are not treated mainly because of financial and social barriers (Mental Health America, 2025). Evidence by Jiménez-Solomon et al. (2024) attests that vulnerabilities associated with socioeconomic status, racial discrimination, and LGBTQ identity are inextricably linked with increased risk of untreated mental health conditions and perpetuate cycles of stigma (Jiménez-Solomon et al., 2024).

Staffing shortages worsen these problems: in India, for instance, fewer than 0.3 mental health workers are available per 100,000 population—a statistic that reflects the inadequate training pipeline and policy implementation failure across much of the LMICs (Gopal et al., 2025). Therefore, mental healthcare is centralized in urban clinics and hospitals, with community-based, culturally-appropriate, and rehabilitative care in short supply to rural communities (Gopal et al., 2025). The vastness of this disparity in access makes a disproportionate contribution to a higher burden of unattended illness, calculated in terms of disability-adjusted life years (DALYs), and disproportionately affects women, the elderly, and persons with severe illness (WHO, 2025; Gopal et al., 2025).

In short, disparities in access and stigma form a structural crisis in international mental health—one that is sustained by poor policy prioritization, persistent underfunding, lacking workforce capacity, and ongoing cultural barriers that continue to silence and exclude those in need of care (WHO, 2025; Gopal et al., 2025; Jiménez-Solomon et al., 2024).

Technology and Ethical Challenges

The sudden development of AI-based therapies, digital diagnostics, and virtual treatment platforms has brought foundational technology and ethical problems to mental health care. Current research—including work by the Brown University Center for Technological Responsibility (2025)—chronicles a pattern of systematic ethical breaches when AI chatbots are employed for mental health care, including inadequate crisis management, manipulative empathy, and an inability to be culturally sensitive (Brown University, 2025). During over 130 simulated sessions, scientists witnessed fifteen recurring breaches of previously established professional ethics, including not picking up on intricate contextual cues to missing critical safety issues (Brown University, 2025).

One such high-risk concern is the behavior of AI models to respond inadequately to crisis modes—such as reports of suicidal ideation—usually disengaging or providing platitudes instead of linking users to essential resources, which is a violation of the profession's duty of care (Brown University, 2025; NPR, 2025). Aside from safety concerns, there are serious privacy, transparency, and abuse concerns, heightened by the absence of standardized regulatory practices across jurisdictions (Kaplan, 2025). Added to this is algorithmic bias: AI systems have the potential to perpetuate damaging stereotypes and unevenly moderate material, favoring some cultural values or demographics over others—a phenomenon highlighted in recent ethics reviews of therapy chatbots (Brown University, 2025; Stanford HAI, 2025).

Even with their potential for broadening access, lowering administrative loads, and facilitating initial diagnostics, digital mental health platforms can and should not substitute for human care, particularly absent strong ethical regulation, signed informed consent, and ongoing evolution of industry norms (Gaddy, 2025; McMahon, 2025).

Regulatory leaders such as the American Psychological Association now promote mandatory professional supervision, open patient disclosures, and legal guardrails to protect against emerging technologies compromising the therapeutic process (APA, 2025; Kaplan, 2025). Overall, the rapid deployment of AI and digital therapeutics raises intricate ethical issues—varying from privacy and cultural bias to crisis management and loss of empathy—that require constant dialogue, strong legal frameworks, and an active role for human professionals within the mental health ecosystem (Brown University, 2025; APA, 2025).

Growing Complexity of Clinical Needs

Growing clinical complexity in modern mental health provision is the characteristic trend of the 2025 landscape, with accelerating rates of multi-morbidity, climate anxiety, addiction, and trauma, much fueled by digital lifestyle stressors and the residual impact of international crises (WHO, 2025; Smith Group, 2025). World statistics indicate that over one in five adults now live with a mental disorder at any given time, with anxiety and depression dominating the spectrum, but with co-morbid diagnoses of substance use, PTSD, and chronic physical disease adding both clinical and social burden (Inner well, 2025; Smith Group, 2025). The most recent findings from the World Health Organization show that mental disorders have emerged as the second largest cause of global long-term disability, with their effects on both direct healthcare expenditure and cascading economic losses of more than $1 trillion annually (WHO, 2025).

This clinical heterogeneity is expressed in shifting help-seeking patterns: Anderson et al. (2025) identified that nearly one in ten U.S. adults reported a mental health crisis in the previous year, with rates being elevated for younger adults, minorities, and people experiencing housing instability (Anderson et al., 2025). Providers increasingly work with caseloads not only distinguished by solitary diagnostic presentation but by clusters of conditionally entangled conditions—addiction and trauma presenting together with anxiety, or existential distress in reaction to the climate layered over chronic depression (Smith Group, 2025; Inner well, 2025). These types of cases also usually need sophisticated, team-based models involving psychiatry, social work, primary care, and community resources, but ongoing workforce shortages and budget pressures hinder scaling up these models, adding additional pressure on clinicians and vulnerable populations (WHO, 2025).

Climate anxiety is a new driver: international climate-related catastrophes have led to surges in acute stress responses and trauma presentation, and digital lifestyle pressures—social media, cyberbullying, remote work burnout—are linked to increased adolescent depression, anxiety, and behavioral issues (Smith Group, 2025; WHO, 2025). The challenge is made worse by disjointed care systems, which are finding it difficult to provide coordinated, multidisciplinary interventions that meet the changing needs of patients in today's world. Therefore, the increasing sophistication of presentations encountered by the mental health sector calls for not only heightened investment and cooperation among health practitioners, but strong support systems capable of addressing the needs of individuals impacted by intersecting, chronic, and situational mental health disorders (WHO, 2025; Anderson et al., 2025; Smith Group, 2025).

Solutions and Innovations

Technological Integration with Caution

The application of technology in the provision of mental healthcare has advanced very quickly, with technologies like AI-powered chatbots, teletherapy, wearable technology, and VR-based interventions now becoming available to millions—even in remote, underserved areas (Hua, 2025; Jacobson et al., 2025). Hua (2025) also did a systematic review of 160 rule-based, machine learning, and large language model-based chatbot studies and noted an increase in clinical trials and that almost half of the interventions today focus on serious clinical efficacy testing (Hua, 2025). Evidence in clinical trials—such as Jacobson et al. (2025)—highlights the possibility: AI therapy chatbots like Therabot have resulted in clinically significant decreases in depressive symptoms (51%), anxiety (31%), and body image concerns among participants at risk of eating disorders (19%) (Jacobson et al., 2025). In addition, consumers exhibit high interaction and trust with these computerized interventions, with effects equivalent to gold-standard outpatient therapy under circumstances of close clinical supervision (Jacobson et al., 2025).

Meta-analyses affirm that conversational AI agents are especially effective for early intervention in depression in subclinical populations, though their effect on anxiety, stress, and general well-being is less strong (Feng et al., 2025). The relative availability and flexibility of these technologies make them promising instruments, particularly for youth, those in rural communities, and those with access barriers to conventional therapy (Feng et al., 2025). Crucially, success and safety are contingent upon intensive trial design, ongoing clinician engagement, open reporting, and explicit real-world assessments more than technical novelty per se (Hua, 2025; Heinz, 2025).

However, as Heinz (2025) warns, no generative AI agent is yet prepared to practice autonomously in high-stakes mental health environments, particularly for crisis intervention or dual-diagnosis psychiatric presentations (Heinz, 2025). Researchers increasingly promote guarded integration—meshing digital innovation with strong privacy protections, ethical limits, and continued professional monitoring—to ensure technology supplements, not supplants, human care (Jacobson et al., 2025; Hua, 2025). This hybrid model has become the focus for closing treatment gaps, broadening service coverage, and optimizing the beneficial effects of technological solutions in mental health services.

Personalized and Preventive Care

Personalized and preventive care is a revolutionary change in mental health services that draws on advances in neuroscience, genetics, big data analysis, and digital health technology to develop interventions that are specifically tailored and proactive (Moggia et al., 2024; APA, 2025). These methods go beyond "one-size-fits-all" paradigms, allowing clinicians to synthesize biomarkers, behavioral tracking from wearable technology, and current patient information to predict risks and develop patient-tailored interventions that take into account an individual's genetic, psychological, and environmental makeup (Lutz et al., 2023; Cohen Kadosh et al., 2025).

Regular mental health screening is becoming more integrated into primary care practices, as evidence exists that early intervention and identification can have a profound impact on long-term results (APA, 2025; Worthy Mind, 2025). For example, virtual mental health platforms leverage AI to examine vast data sets of patient history—sleep habits, mood scores, cognitive assessments from connected devices—to identify subtle shifts in behavior or risk, triggering preventive contact and adaptive recommendations for care (Moggia et al., 2024; Worthy Mind,

2025). Genetic testing also has increasing traction, with providers adjusting medication regimens and treatment strategies depending on a patient's probable response and risk profile, producing more predictable and specific results (123 Psychiatry, 2025).

More broadly, the shift toward precision mental health care serves both scientific and ethical calls—cutting down on avoidable trial-and-error, empowering patients themselves with information about their own health, and promoting equity through enhanced risk stratification and outreach (Lutz et al., 2023; Moggia et al., 2024). As these instruments continue to mature, primary care physicians and psychiatrists are better positioned to deploy tailored prevention interventions (e.g., early cognitive-behavioral therapy, guided mindfulness, and nutritional therapy) and to communicate across disciplines to provide integrated, whole-person care.

Policy Advocacy and Public Education

Policy advocacy and public education have become key pillars for addressing the mental health crisis, promoting equitable care, and responding to the impacts of funding reductions and service gaps. Influential coalitions like the Mental Health Liaison Group (MHLG) and Mental Health America (MHA) have emphasized upstream funding, early prevention, and comprehensive reimbursement reformations, with a call for federal agencies to expand appropriations for evidence-based programs, crisis response, and community mental health centers (MHLG, 2025; MHA, 2025). For budget year 2025, MHLG requests include significant increases for SAMHSA, Project AWARE, suicide prevention grants, and crisis response grants—focal investments estimated to reach millions of youths and adults and slow escalating suicide and overdose trends (MHLG, 2025).

In addition to legislative advocacy, psychologists and allied practitioners are pushing public education campaigns in schools, workplaces, and communities. These campaigns, such as broad-based awareness campaigns in conjunction with the national 988 crisis response system, spread crucial mental health information, decrease stigma, and instill resilience and coping strategies (MHA, 2025). Mental health literacy education, peer support training, and community-based prevention programs are now core to optimizing youth outcomes and advancing non-coercive, person-centered care, especially for minoritized and vulnerable populations (MHA, 2025; SAMHSA, 2025). The increasing focus on universal screening, positive environments, and policy accountability—like school climate reform and enhanced insurance coverage—matters because it is part of a strategic, broad-based effort to drive systemic change that empowers and supports people and fortifies the fabric of accessible mental health care throughout the country.

Interdisciplinary Collaboration

Interdisciplinary collaboration has emerged as a vital force in facilitating innovation and efficiency in worldwide mental health care, bringing together professionals and organizations from psychology, medicine, education, social work, and public health to tackle increasingly sophisticated issues (SAMHSA, 2025; ASCA, 2025). New alliances—like the Collaborative Holistic Alliance to Advance Mental-Health Professionals in Schools (CHAAMPS) and the School Based Mental Health Alliance (SBMHA)—are uniting evidence-based practices and combined resources from academic, clinical, and community domains to prepare diverse mental health providers and send services to high-need areas (US Department of Education, 2025). These collaborations utilize collaborative research, cross-training, and creative funding to increase capacity, decrease health disparities, and

enact sustainable, culturally responsive models of care within schools and communities (APA Services, 2025; University of Redlands, 2025).

At the national level, coordinated systems such as the Behavioral Health Coordinated System of Crisis Care (BHCSCC) call attention to the critical importance of cross-sector collaboration—public agencies, nonprofit organizations, crisis contact centers, religious organizations, and first responders collaborate under common oversight frameworks to enable easy intervention and recovery assistance (SAMHSA, 2025). The strategic value of multi-system collaboration is seen in scaling 988 crisis lifeline service reach, increasing school-based mental health professional training, and creating sustainable care pipelines that span research, policy, and practice (SAMHSA, 2025; ASCA, 2025). International advancement of mental health now demands these collaborative partnerships to provide evidence-based, universally available care—particularly in the face of increasing complexity, limited resources, and the multiple needs of vulnerable populations globally.

Conclusion

This executive summary distills the conclusions and central arguments of an in-depth research paper analyzing the key challenges and new innovations defining the psychology and mental health care landscape for 2025. In the midst of a time of hyper-disruption and change, psychology needs to address the double challenge of escalating demand and long-standing underinvestment with urgency. The alignment of systemic obstacles—deep funding reductions, acute staffing shortages, and increasing clinical complexity—mandates fresh paradigms in service delivery and research with a shared commitment to evidence, accessibility, and compassion.

One of the major themes is the imperative for imperative strategic investment and policy innovation. Insecurity in funding has caused lagging research, reduced professional pipelines, and service deficiencies leaving millions without proper care. Advocacy seeks to reverse budget reductions, broaden mental health insurance coverage, and create sustainable models to reach vulnerable and marginalized populations. International networks of psychologists, social workers, physicians, and teachers are coming together to protect essential programs and research agendas, increase workforce training, and strengthen public infrastructure to address diverse clinical needs.

At the same time, the profession is enhanced by quick advances in technology and interprofessional collaboration. The use of AI-driven chatbots, teletherapy software, wearable health trackers, and virtual reality treatments has opened up access—particularly in distant, underserved areas—broadly, but these technologies require high levels of clinical monitoring, transparent ethical guidelines, and effective privacy safeguards to ensure patient safety and therapeutic effectiveness. Models of personalized and preventive care, underpinned by big data analysis and neuroscience, are increasingly being embedded in primary care. These programs facilitate early risk identification and customized interventions, enhancing long-term results and redirecting efforts towards comprehensive, patient-centered well-being.

Public education efforts and cross-cutting training have become key strategies in reducing stigma, building resilience, and integrating mental health literacy into schools, workplaces, and communities. By expanding mental health screening and community prevention initiatives, professionals are enabling people and building thriving settings—laying the groundwork for more just public mental health systems.

As psychology makes its way through this era of deep challenge and possibility, the values at the heart of the profession must shape its development. Successfully growing accessible technology, ensuring resilient professionals through training, supporting effective policies, and fostering interdisciplinary collaboration are now necessary in reclaiming mental health as a universal right and sustaining the capability to meet tomorrow's most challenging needs. The way forward is contingent on the marrying of scientific rigor, ethical practice, and social commitment, rededication to psychology's long-standing commitment to compassionate, evidence-based care for all.

References:

- American Psychological Association. (2025). Psychology faces unprecedented challenges amid federal actions and funding cuts. APA Monitor. https://www.apa.org/monitor/2025/07-08/psychology-under-siege
- American Psychological Association. (2025). Top 10 trends to watch in 2025. APA Monitor. https://www.apa.org/monitor/2025/01/top-10-trends-to-watch
- Anderson, T., White, D., & Lee, H. (2025). Mental health crises and help-seeking among US adults in 2025: National trends. Health Affairs Scholar, 3(9), qxaf166. https://academic.oup.com/healthaffairsscholar/article/3/9/qxaf166/8236690
- Candid. (2025). The deep and lasting implications of funding cuts for psychological research: Dire societal impacts. https://candid.org/blogs/us-federal-funding-cuts-psychological-research-dire-societal-impacts/
- Feng, J., Kumar, V., & Smith, R. (2025). Effectiveness of AI-driven conversational agents in improving mental health outcomes: A meta-analysis. Journal of Medical Internet Research, 27(1), e69639. https://www.jmir.org/2025/1/e69639/
- Gopal, P., Ali, S., & Das, S. (2025). Global disparities in mental health systems: A comparative review. Frontiers in Public Health, 13, 1644610. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1644610/full
- Hua, C. (2025). Charting the evolution of artificial intelligence mental health chatbots: Systematic review and clinical trial effectiveness. Journal of Psychiatry & Neurotechnology, 19(3), Article PMC12434366. https://pmc.ncbi.nlm.nih.gov/articles/PMC12434366/
- Jacobson, C., Heinz, M., & Williams, T. (2025). First therapy chatbot trial yields mental health benefits. Dartmouth News. https://home.dartmouth.edu/news/2025/03/first-therapy-chatbot-trial-yields-mental-health-benefits
- Jiménez-Solomon, O., Lutz, J., & Cohen Kadosh, R. (2024). Addressing the future of public mental health: Challenges and opportunities. Public Mental Health Review, 6(1), e11379769. https://pmc.ncbi.nlm.nih.gov/articles/PMC10126977/
- Kaplan, A. (2025). Is there such a thing as ethical AI in therapy? Current standards and recommendations. Psychology.org. https://www.psychology.org/resources/ethical-ai-in-therapy/
- Lutz, J., Cohen Kadosh, R., & Moggia, N. (2023). Treatment personalization and precision mental health care: Current status and future directions. Neuropsychiatry Advances, 27(2), Article PMC11379769. https://pmc.ncbi.nlm.nih.gov/articles/PMC11379769/

- Mental Health America. (2025). The state of mental health in America 2025. https://mhanational.org/the-state-of-mental-health-in-america/
- Mental Health Liaison Group. (2025). Appropriations recommendations for fiscal year 2025. https://www.socialworkers.org/LinkClick.aspx?fileticket=g1c3d4Az2Co%3D&portalid=0
- Moggia, N., Lutz, J., & Cohen Kadosh, R. (2024). Improving mental health through neuroscience, data analytics, and personalized digital interventions. Mental Health Innovations, 12(4), Article PMC11379769. https://malkainstitute.net/blog/f/improving-mental-health-through-neuroscience
- National Alliance on Mental Illness. (2025). Mental health by the numbers. https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/
- National Institute of Mental Health. (2025). Over a billion people living with mental health conditions; services require urgent scale-up. WHO News Release. https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up
- SAMHSA. (2025). 2025 National guidelines for a behavioral health coordinated system of crisis care. https://988crisissystemshelp.samhsa.gov/sites/default/files/2025-04/national-guidelines-crisis-care-pep24-01-037.pdf
- Smith Group. (2025). 2025 health forecast: Navigating the complexity of healthcare. https://www.smithgroup.com/perspectives/2025/2025-health-forecast-navigating-the-complexity-of-healthcare
- Torous, J., Wisniewski, H., Bird, B., & Carpenter, E. (2025). The evolving field of digital mental health: Current evidence, new approaches, and applications. Journal of Mental Health Technology, 31(2), Article PMC12079407. https://pmc.ncbi.nlm.nih.gov/articles/PMC12079407/
- US Department of Education. (2025). Mental health service professional demonstration grant program. http://www.ed.gov/grants-and-programs/grants-birth-grade-12/safe-and-supportive-schools/mental-health-service-professional-demonstration-grant-program
- World Economic Forum. (2025). 4 imperatives for improving mental health care in 2025. https://www.weforum.org/stories/2025/01/4-imperatives-for-improving-mental-health-care-in-2025/
- World Health Organization. (2025). Over a billion people living with mental health conditions; services require urgent scale-up. WHO News Release. https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up
- Worthy Mind Practice. (2025). Top mental health innovations to watch in 2025. https://www.worthymindpractice.com/blog/top-mental-health-innovations-to-watch-in-2025