



Redefining Who Can Deliver Mental Health Interventions: Introduction to the Special Issue on Nontraditional Mental Health Providers to Address Growing Mental Health Needs

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Abstract

The global demand for mental health services has surged in recent years, yet the supply of trained specialists remains insufficient to meet population needs. This imbalance has prompted an urgent call to reconsider who can deliver effective mental health interventions. This special issue, *Leveraging Nontraditional Mental Health Providers to Address Growing Mental Health Needs*, brings together 17 contributions that examine the feasibility, acceptability, and effectiveness of nontraditional providers—peers, teachers, primary care providers, nurses, community health workers, and other lay providers—in diverse settings and populations. Collectively, these studies highlight how nontraditional providers can deliver both treatment and prevention interventions across schools, healthcare systems, community organizations, and virtual platforms. The findings demonstrate the promise of expanding the mental health workforce beyond traditionally credentialed specialists, while also identifying critical factors related to training, supervision, cost-effectiveness, and implementation. Importantly, the contributions illustrate that these providers are already filling essential gaps in access, particularly for children, underserved communities, older adults, and other priority populations. Taken together, the special issue underscores that the central challenge is no longer whether nontraditional providers can effectively deliver mental health interventions, but how to scale, sustain, and integrate these models into broader systems of care.

Keywords Nontraditional provider · Mental health · Task sharing · Implementation science · Workforce development

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Global mental health is at a pivotal moment. It is well established that there is a supply/demand imbalance in addressing the need for mental health services. In the past several years, the demand for mental health services has significantly increased. Notably, since the COVID-19 pandemic, there has been a 25% rise in anxiety and depression worldwide (World Health Organization, (World 2022); Xiong et al., 2020). Although mental health conditions have dramatically increased, the availability of trained mental health specialists remains scarce (Kazdin & Rabbitt, 2013; Patel et al., 2018; World Health Organization, (World 2022)), with some trusted sources estimating that more than 50% of people with mental health conditions receive no treatment globally (Evans-Lacko et al., 2018; SAMHSA, (Substance 2023)). This rising unmatched global mental health need is estimated to cost \$6 trillion annually in lost productivity by 2030 (Patel et al., 2018; World Health Organization, (World 2022)). Even when services are rendered, the traditional mental health system's rising expenditures are further

straining taxed health systems. For example, mental health care costs exceeded \$280 billion annually in the U.S. in 2020, and increased to \$306 billion annually just 2 years later, representing almost 6% of the total national health expenditures (Open Minds, 2023).

The traditional paradigm for mental health care is structured around a weekly office or increasingly telehealth-based 45-minute psychotherapy visit, delivered by licensed providers. Even though this model has been shown to be effective in yielding moderate to large symptom improvement across mental health conditions (Cuijpers et al., 2024; Harrer et al., 2025), there is also increasing data showing that there are not enough of these providers to adequately address the needs of the population. For many individuals, the standard model of weekly sessions is impractical due to financial, logistical, and/or cultural constraints (Kazdin, 2019). Thus, to address mental health needs at scale, we need to meet people where they are, and when they need these services; whether that may be in schools (Lawson & Owens, 2024), community organizations (SAMHSA, (Substance 2022).), or through technology (Philippe et al., 2022). Furthermore, it is unclear whether specialization, training, or advanced credentialing yields superior outcomes (Goldberg et al., 2016; King & Bickman, 2017; Bickman, 1999, 2008; Noser & Bickman, 2000). The emerging evidence shows that in fact, interventions delivered by lay providers with structured training and supervision can achieve effective outcomes, equivalent to those of traditional and more highly trained providers (e.g., Marques et al., 2020; Barnett et al., 2018; Singla et al., 2017).

This special issue, “Leveraging Nontraditional Mental Health Providers to Address Growing Mental Health Needs,” is a direct response to this urgent call for innovation and action that we need in the field of mental health at this pivotal moment in time. To our knowledge, this journal issue is the largest collection of papers to date dedicated to re-examining who can be involved in the delivery of adequate and effective mental health care, whether that be peers, teachers, community health workers, primary care providers, nurses, or technology. By showcasing diverse models across settings and populations, the contributions highlight the feasibility, acceptability, and early effectiveness of nontraditional delivery models, while also illuminating barriers, facilitators, and directions for future research and policy. We also note that this special issue focuses on various human providers, which differentiates it from other issues of this journal that highlighted new technological approaches to providing treatment (Rubel et al., 2024; Moggia et al., 2024).

The 17 papers in this issue showcase the already existing breadth and depth in how we conceptualize a nontraditional mental health provider. Several unifying themes and

areas of convergence highlight the feasibility, acceptability, effectiveness, and need for expanding the workforce beyond specialists with mental health credentials.

It is noteworthy the breadth of provider types that are included in this emerging group. Peers and recovery specialists have a long history of being involved in the provision of mental health services, especially in substance use treatment (Davidson et al., 2012), and they are also prominently featured in the special issue as key deliverers of substance use interventions (Anvari et al., 2025; Bell et al., 2025), and other mental health focused interventions as part of clinical teams (Hoagwood et al., 2025). Teachers were also featured in three of the papers (Fu et al., 2025; Lawson et al., 2025; Conroy et al., 2025) as a key nontraditional provider group, which is consistent with other literature in the field (Lawson & Owens, 2024). Community-based providers represented a novel and diverse group, and included community health workers (Boustani et al., 2025), parent coaches (McLaughlin et al., 2025), community and non-profit organization staff (Goodman et al., 2025; Gustafson et al., 2025; Hu et al., 2025), and lay health navigators and specialists (Bouchard et al., 2025; Bruns et al., 2025). Traditional healthcare providers not specializing in mental health comprised the last group, which includes nurses (Andrejek et al., 2025; Belfield et al., 2025), primary care providers (Youn et al., 2025), and coaches (Sagui Henson et al., 2025).

These providers mostly focused on delivering treatment interventions (McLaughlin et al., 2025; Youn et al., 2025; Belfield et al., 2025; Anvari et al., 2025; Gustafson et al., 2025; Lawson et al., 2025; Sagui Henson et al., 2025; Bell et al., 2025; Conroy et al., 2025; Burns et al., 2025), while some also took upon the delivery of prevention-oriented activities and programs (Fu et al., 2025; Lawson et al., 2025; Burns et al., 2025).

Children and youth were a core population served (Hoagwood et al., 2025; Goodman et al., 2025; Bouchard et al., 2025; Belfield et al., 2025; Fu et al., 2025; Lawson et al., 2025; Conroy et al., 2025; Bruns et al., 2025), with other diverse patient groups including parents (McLaughlin et al., 2025), underserved individuals (Anvari et al., 2025), Latine individuals (Gustafson et al., 2025), and older adults (Hu et al., 2025).

Not surprisingly, schools emerged as a frequent setting to house these providers and programs (Goodman et al., 2025; Belfield et al., 2025; Fu et al., 2025; Lawson et al., 2025; Conroy et al., 2025; Bruns et al., 2025), with other unique settings including patients’ homes (McLaughlin et al., 2025), traditional healthcare pathways like primary care (Youn et al., 2025), virtual locations (Sagui Henson et al., 2025), and community organizations (Hu et al., 2025).

Overall, the papers evaluated different phases related to the implementation of these providers. Several emphasized

the importance of training and supervision of these nontraditional provider group related to their knowledge acquisition, burnout and stress reduction and scalability (Boustani et al., 2025; Goodman et al., 2025; Andrejek et al., 2025; Anvari et al., 2025). Others evaluated the contextual and organizational infrastructure needed to enhance adoption, feasibility and acceptability (Fu et al., 2025; Hu et al., 2025; Conroy et al., 2025). There was a strong focus evaluating the effectiveness, both as it relates to specific implementation initiatives (McLaughlin et al., 2025; Youn et al., 2025; Sagui Henson et al., 2025; Bruns et al., 2025) as well as an overall systematic review of these types of providers (Hoagwood et al., 2025; Gustafson et al., 2025; Bell et al., 2025). Excitingly, several authors detailed the process of adapting treatment programs for new providers as a critical feature to enhance adoption and effectiveness (Youn et al., 2025; Bouchard et al., 2025; Anvari et al., 2025). Belfield and colleagues (2025) were the only authors to evaluate cost-effectiveness (of their nurse-delivered intervention program to address youth anxiety symptoms), a critical component for the long-term sustainment and scalability of nontraditional providers (Raviola et al., 2019).

Altogether, the special issue demonstrates that nontraditional providers can feasibly and effectively deliver a wide array of interventions across populations, contexts, and modalities. Importantly, these studies move the field beyond proof-of-concept, showing that peers, teachers, nurses, and community members are already filling critical gaps in the mental health workforce and reaching individuals who would otherwise remain underserved. As a field, we are at an exciting time to build from this foundational work and take the next bold steps to keep pushing this momentum forward. Questions to explore next include comparing these nontraditional providers with existing models of care through comparative effectiveness trials, factors that would promote the scalability and long-term sustainability of these nontraditional providers as critical members in addressing the mental health needs of the population, and the effectiveness of nontraditional providers delivering mental health interventions in additional community settings, such as faith-based organizations. As noted earlier, the special issue also did not include technology-only interventions as possible solutions to the access to care problem in behavioral health, and would warrant further exploration. For example, as artificial intelligence agents are becoming more ubiquitous in the delivery of mental health interventions (NIMH, (National 2023)), it is imperative to evaluate them to see if they would yield similar safety and effectiveness results as these other providers have shown in this special issue. The field must also grapple with the policy implications of redefining who is authorized and reimbursed to provide care. Nevertheless, these contributions signal that the question

is no longer whether nontraditional providers can deliver mental health services effectively, but how best to optimize, scale, and sustain these innovations to transform systems of care.

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Data Availability No datasets were generated or analysed during the current study.

Declarations

Competing Interests The authors declare no competing interests.

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