The Future of Therapy

Insights from more than 1,300 US therapists on where therapy is heading, in practice and in business

2025

Ensora Health

Table of contents

Foreword

At a large mental healthcare conference this year, I had the chance to talk with clinicians and organizational leaders from across the country. When I asked them why they came to the conference and what was most on their mind, I heard a common refrain. “It’s too difficult to get reimbursed.” “Our funding situation is not looking good.” “I don’t know what will happen with my organization.” There was a general feeling of uncertainty on the conference floor, with many wondering what their organization might look like in five years.

During that same event, my colleagues and I often received the same questions from these clinicians and leaders: “What AI features do you have in your software? What other AI features are on their way? How soon can I get them?” That surprised me at first, but then it clicked: therapists are so buried in billing processes, notetaking, and other paperwork that they’ve become desperate for help. Their need to automate lower-value tasks is so strong that, for many, it outweighs most concerns they have about AI.

Hearing all this got me thinking. **What will therapy, both the clinical experience and the business side of it, look like in 2030? What will it mean to be a therapist in the US?** From there, the idea for this Future of Therapy report was born.

We decided to survey the therapy community so we could hear where things are heading directly from the experts. Would we hear that things are getting better, as AI saves them time and increases their efficiency, and as stigma subsides in some segments? Or would things be getting worse, with more complex payer rules, uncertain public funding, and a burnout crisis that won’t seem to recede?

We also wanted to know what therapists think of whole person care. Do they believe it’s achievable to treat an entire person, with all their complexities, mental and physical health issues, and goals and preferences, when the healthcare system is built in silos that keep everything separate? And what is a therapist’s role in making whole person care happen?

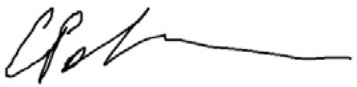
Cory Polonetsky
VP, Product Marketing
Ensora Health

With that backdrop we developed the survey on the Future of Therapy, a first of its kind research project, to get insights directly from therapists and therapy leaders from all types of organizations, from solo practices to large agencies. We were overwhelmed by the interest in answering these questions; during 2 weeks in August we received over 1,300 responses, more than twice the number of responses we hoped to receive. Respondents included both Ensora Health customers and non-customers. Ensora Health customers were not compensated for their answers, and the survey did not mention any specific software or services or their vendors. This survey was about tapping into what therapists think, how they feel, and what they predict therapy will look like in 2030.

As we reviewed the data (more than 90,000 quantitative data points and more than 4,000 open-ended responses!), a few striking themes emerged which we explore in the report. They paint a picture of therapy in 2030 where therapist well-being is at risk unless systemic change is made; but there are glimmers of hope for how technology, collaboration, and payment reform could lead to a more rewarding care experience and better outcomes. We'll be monitoring these things closely.

At Ensora Health, we stand beside therapists. We hear their challenges and we work with them on solutions. We know therapists feel crushed by the weight of administrative burden, that they worry about funding and billing, and that they lack the time and resources to care for the whole person. We support the therapy community by building software and services that enable therapists to practice in harmony, and by amplifying the voices of the therapy community through efforts like this report.

I hope you find the insights in this report to be helpful, and look forward to the ensuing conversations it sparks.



Cory Polonetsky
VP, Product Marketing
Ensora Health

Executive summary

We surveyed over 1,300 therapists nationwide to understand where the profession is heading over the next five years. Their responses reveal a field at a fascinating crossroads, embracing new technology while struggling with systemic challenges that threaten both therapists and their clients. We highlighted four major themes shaping the profession between now and 2030: Artificial intelligence, burnout, access and equity, and whole person care.

AI in practice

Generative AI is already part of many therapists' daily work, with a surprising 40% using it for at least one task, most often for administrative work: Scheduling appointments and/or sending appointment reminders (30%), writing session notes (23%), and managing client intake (21%). Survey comments indicate that many are excited about the prospect of letting go of mundane tasks so they can lean further into client care. But there are also perceived downsides to AI. Therapists worry about risks to client privacy (79%), losing human connection (75%), and algorithmic bias (75%). For most, AI is seen as an administrative helper, not a panacea for deeper structural problems in mental health care.

Burnout and harmony

Burnout is widespread, with 82% of therapists reporting it and nearly a third experiencing it at extreme levels. Low pay (56%), frustrations with health insurance (53%), and overwhelming administrative work (52%) are the leading drivers. Almost one in four therapists is considering leaving the field in the next five years, and only a third believe burnout will ease. Most therapists try to cope by setting boundaries (68%) and prioritizing their own wellbeing (61%), alongside other strategies listed in the report. But only a third believe things are likely to get better.

Therapy access and equity

Access and equity challenges are seen as nearly universal: 99% of therapists report systemic barriers getting in the way of clients receiving quality care, or any care. The biggest hurdles to clients receiving care are inadequate insurance coverage (83%), living in a rural mental healthcare desert (60%), and having a disability (53%). Therapists feel strongly about who is responsible for fixing this: Insurance companies (83%), federal policymakers (74%), and state leaders (71%). Therapists proposed solutions which are detailed in the report, such as reimbursement reform and community-centric services. Still, only 22% expect meaningful progress within five years, as scalable solutions will be slow to enact.

Therapists and whole person care

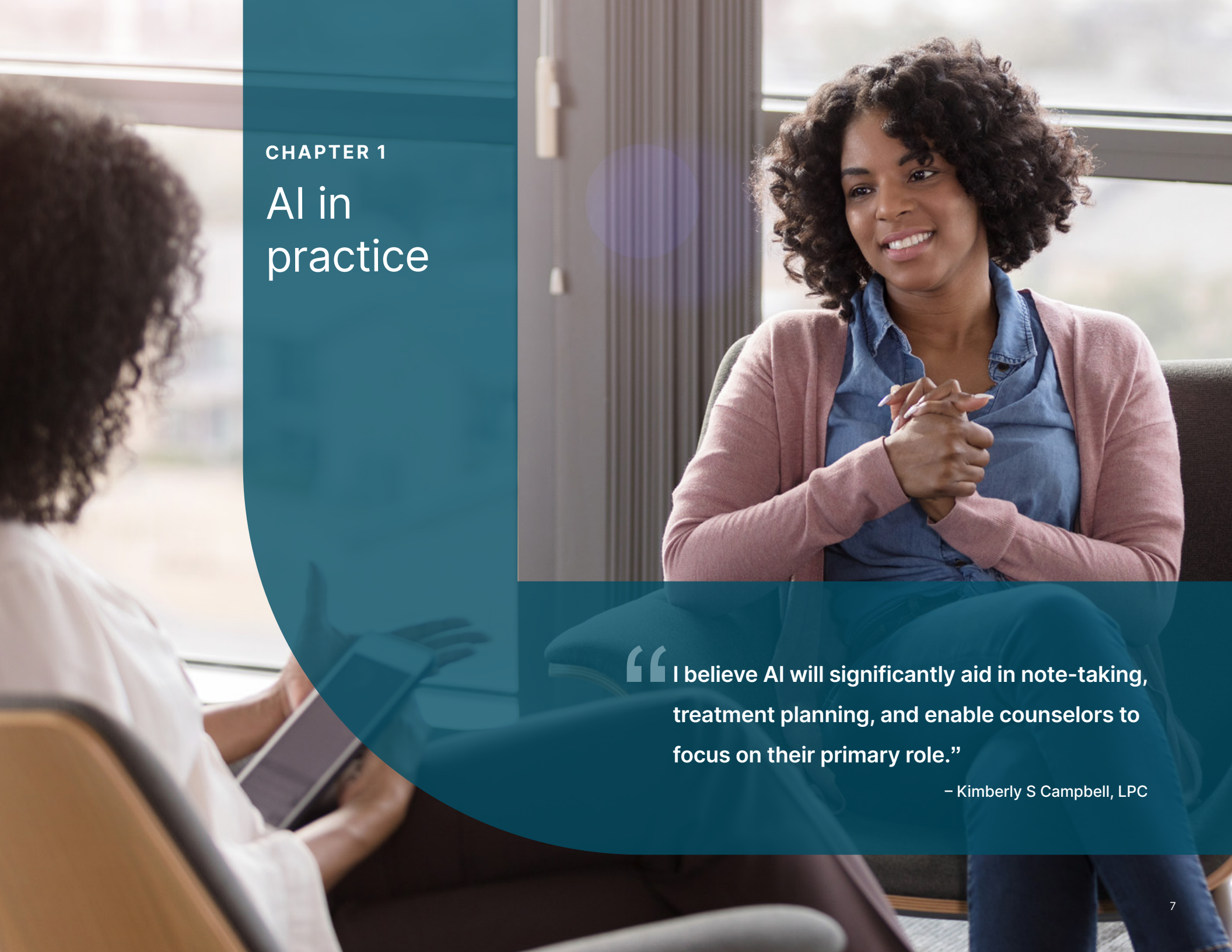
Finally, therapists overwhelmingly agree on the importance of whole person care—where a client's mental and physical health, social factors, preferences, and resources are all considered—with nearly all (94%) calling it essential. But therapists say whole person care is hard to deliver due to insurance rules (77%), lack of community resources (50%), and documentation requirements (44%). While 70% of therapists believe they're uniquely positioned to lead this approach, the healthcare system constrains their ability to do so.

Together, these findings suggest a field under strain but also committed to holistic, client-centered care. Therapists do see technology as a tool to ease the burden. And at the same time, they know that many of the hardest challenges ahead remain systemic, requiring bold changes to truly transform the Future of Therapy.

> "What I find most meaningful about my work is witnessing the moment someone realizes they're not broken, just wired for survival…Seeing clients shift from shame to self-compassion and from coping to truly healing, that's what keeps me doing this work."
>
> – Yelena Gidenko, PhD, LCMHCS, BC-TMH

CHAPTER 1

AI in practice



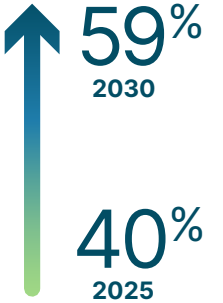
> **“I believe AI will significantly aid in note-taking, treatment planning, and enable counselors to focus on their primary role.”**
>
> – Kimberly S Campbell, LPC

AI isn't coming to therapy, it's already here. We were fascinated not just by the degree to which therapists are already using AI, with 40% using it for at least one task, but also by how they are choosing to use it. The data in this chapter lets you compare your attitude towards and usage of AI to therapists across the country. It's an area we'll be keeping a close eye on as the technology continues to advance rapidly in the years ahead.

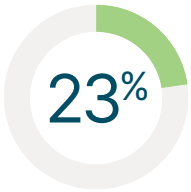
The current state of AI adoption in therapy

Generative AI, a technology that was little known outside Silicon Valley and lacked commercial adoption just 3 years ago, is on the verge of becoming mainstream in therapists' offices. According to the survey, 40% of therapists are using at least one AI tool in their practices already. In 2025, they're using AI most often for administrative tasks they'd rather not do themselves, freeing their time and focus for higher-value work. The most common use cases are scheduling appointments, sending appointment reminders, and taking session notes. Following these are the more clinically oriented tasks of gathering a client's intake information and conducting assessments and screenings.

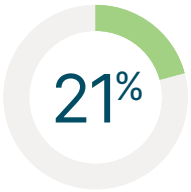
More therapists plan to use AI tools in practice.



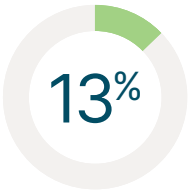
Scheduling & reminders



Taking notes



Client intake



Assessment & screening

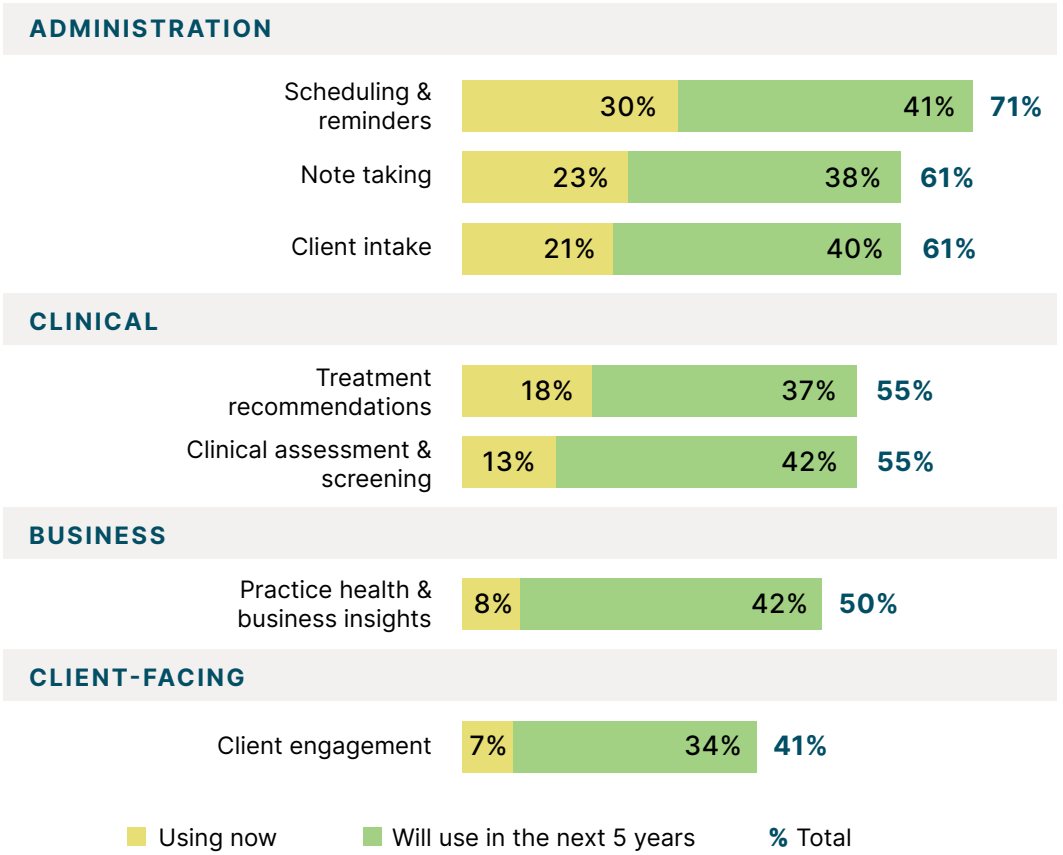
There's one thing, however, that most therapists are not inclined to do with AI: put it directly in front of clients. Only 7% use AI for client engagement today. That's low considering the appetite for AI adoption in other areas. Therapists prioritize keeping the human connection at the center of therapy, and it is widely felt that client-facing AI could threaten that connection.

AI is also rarely used by therapists for offering insights into practice health, with just 8% reporting its use in this area. This may be due to a lack of commercially available solutions for this use, especially compared with use cases like AI scribes for notetaking, of which there are already many options. Looking ahead five years, however, interest grows significantly for AI-delivered practice insights, from 8% to 50%.

> "AI will be integrated in many facets of the work, from session reminders and in-session suggestions...to completing 85% of documentation and follow-up with clients."
>
> – Alan Olson, MA, LMFT

Therapists lean toward administrative AI tools today, with future interest in clinical and business support.

Therapists currently use / plan to use AI for...



Question: Thinking about your workflow, which of the following AI or technology-related tools do you: currently use, plan to use, or do not anticipate using at all within the next 5 years? Matrix. N=1,261.

Who's leading the charge in AI adoption?

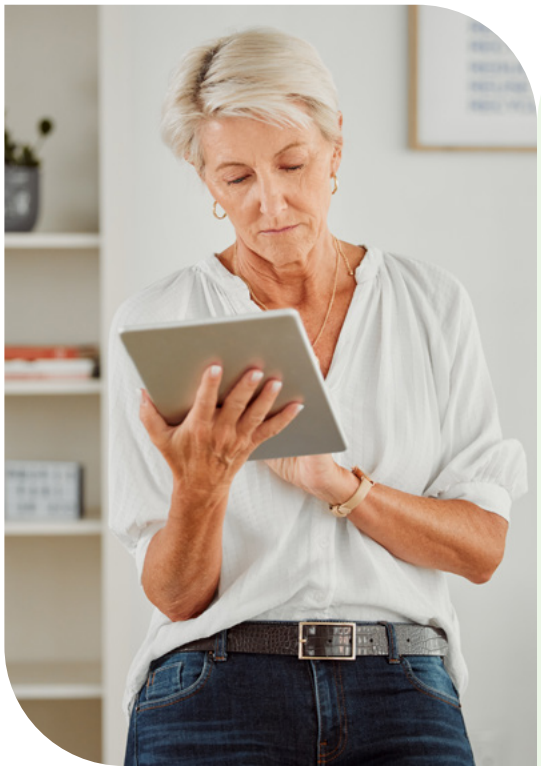
A surprising finding from this survey is that the therapists using AI the most are not the youngest, born-digital practitioners. Therapists 55 and older are somewhat more likely than mid-career and younger peers to use at least one AI tool. Perhaps they've hit the career sweet spot of having enough experience to know which administrative tasks slow them down and enough openness to try solutions that might help. They may also be more optimistic about how clients will accept AI in practice, which is consistent with results from a recent Medscape survey of physicians.

Younger therapists (25–39) are slightly more hesitant to use AI than their older colleagues, possibly because they're still developing their clinical style and worry technology might interfere. This is in broad contrast to AI adoption in other industries, where this younger age group leads the way.

> "I can see [AI] helping with research, understanding data we already have, and potentially could help to reduce administrative burden."
>
> – Sarah O'Brien, LCSW, LCSW-C, CCATP, CTMH, C-DBT

The burnout factor

Therapists under extreme stress are more open to help from AI. Those experiencing extreme burnout are 17 percentage points more likely than those with low burnout to consider using AI for client intake. The pattern is clear: the heavier the burden, the stronger the appetite for AI-driven relief.

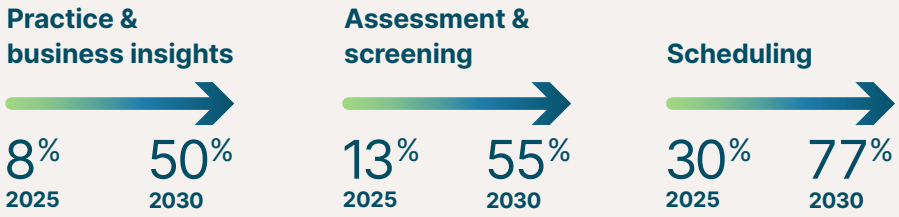


Burnout and career stage influence adoption

Clinicians 55+ are more likely to use AI for treatment recommendations (+13 points vs younger peers). Adoption is strongest in admin tools like scheduling. Clinicians experiencing extreme burnout are 17 points more likely to already use AI for intake (63% vs 46%).

Where do therapists see AI in five years?

Looking ahead, therapists see AI becoming much more useful. The biggest jumps in expected adoption are for:

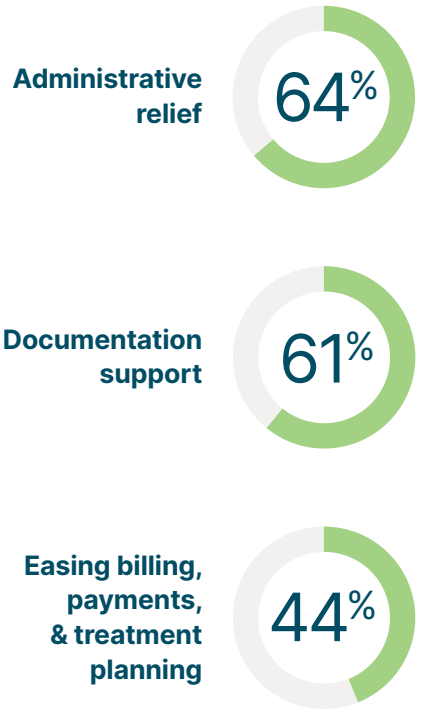


When asked how AI could improve care, most therapists pointed to its impact on admin tasks. 64% of therapists predict positive impacts on administrative workload (64%), better documentation and compliance (61%), and easing billing and payments (44%) frustrations.

Therapists are also hopeful about AI's impact on improving treatment plans (44%). This suggests therapists are willing to consider AI's help with clinical decisions, but trust has to be earned first before we see the same optimism as for administrative tasks.

But a critical finding of the survey is that therapists don't think AI will solve the big, systemic problems. Only 22% expect it to lower costs and just 35% think it will increase access to care. Therapists see AI as a tool, not a magic fix for healthcare's structural issues. Generative AI is a breakthrough technology with immense potential, especially for easing admin burdens for therapists. But the majority of therapists we surveyed don't believe it's transformative, at least not yet.

Therapists say AI will be most helpful for:



Question: In your opinion, which of the following areas will AI have the most positive impact on mental and behavioral health care over the next 5 years? Multiple selection, N=1,261.

With AI, the promise also comes with important concerns

As with any major new technology, prospective users have worries. When asked about their concerns, therapists had three fears that topped the list:*

The big three:

Trust barriers are real and significant. Three-quarters of therapists worry about client data privacy (79%) and loss of human connection (75%). Nearly as many are concerned about algorithmic bias and unfairness (75%) and over-reliance on technology (71%).

> "I worry AI will be used to replace therapists."
>
> – David Rainen, Psy.D.

These concerns cut across all demographics. Whether a therapist is starting out or experienced, working solo or in a large practice, their worries are remarkably consistent.

These fears reflect professional responsibilities. Protecting client privacy isn't just good practice; it's an ethical obligation. Maintaining human connection is what makes therapy work. Watching for bias ensures fair treatment for all clients.

***Question:** How concerned are you about each of the following possible risks from AI in therapy care over the next 5 years? Please rate your level of concern for each. Matrix. N=1,228.

52%

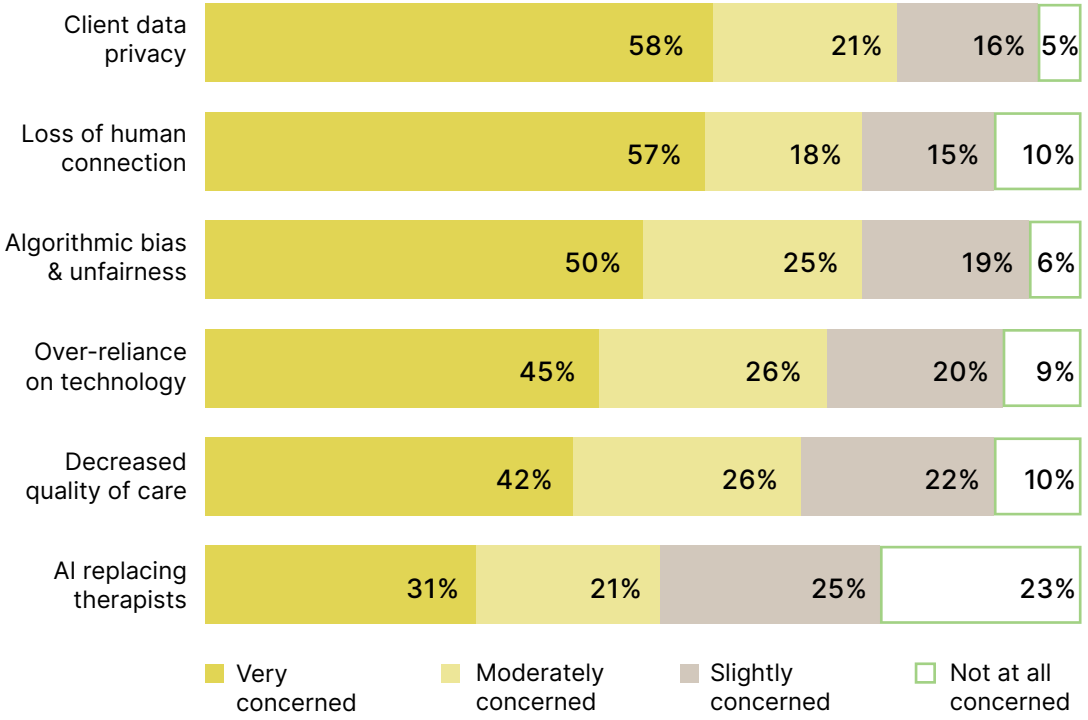
of therapists are concerned about AI replacing therapists.

One of the fears that therapists ranked lowest was being replaced by AI. Only 52% of therapists are worried about AI replacing them; that is still a healthy amount of concern, but it was the lowest percentage of all the risks therapists were asked about. Those who did fear being replaced by AI saw risks everywhere. They were 33% more likely to worry about loss of human connection and 32% more likely to fear decreased quality of care.

But there's nuance here. People are already turning to AI for therapy-like support. They're using chatbots for emotional guidance, venting to AI when they're anxious, and finding comfort in AI companions. Most people don't believe AI can replace credentialed therapists. But AI already in the near term has the potential to offer content like coping strategies for low acuity situations, 24/7, and often for free. So there's an important question still to be answered about what client-facing tasks AI might safely handle to augment therapy care and alleviate the demands on overworked therapists.

Therapists' AI concerns center on protecting clients and maintaining a human connection.

When it comes to AI, therapists are concerned with...



Question: How concerned are you about each of the following possible risks from AI in therapy care over the next 5 years? Please rate your level of concern for each. Matrix. N= 1,228.

How your clients feel about AI

Therapists think their clients have mixed feelings about AI in therapy. Most therapists believe clients would be concerned about privacy and security if they used AI in therapy (61%). About 39% worry that AI makes care feel less personal.

Still, therapists expect attitudes to change over time. Right now, only 27% think clients actually value a model that blends human expertise with AI support. But looking ahead five years, 45% predict that clients will be more open to AI assistance in therapy. Therapists believe that while concerns about privacy and impersonality will remain, as AI becomes more familiar and integrated into everyday life, clients will start to see it less as a threat, and more as an enhancer of care.

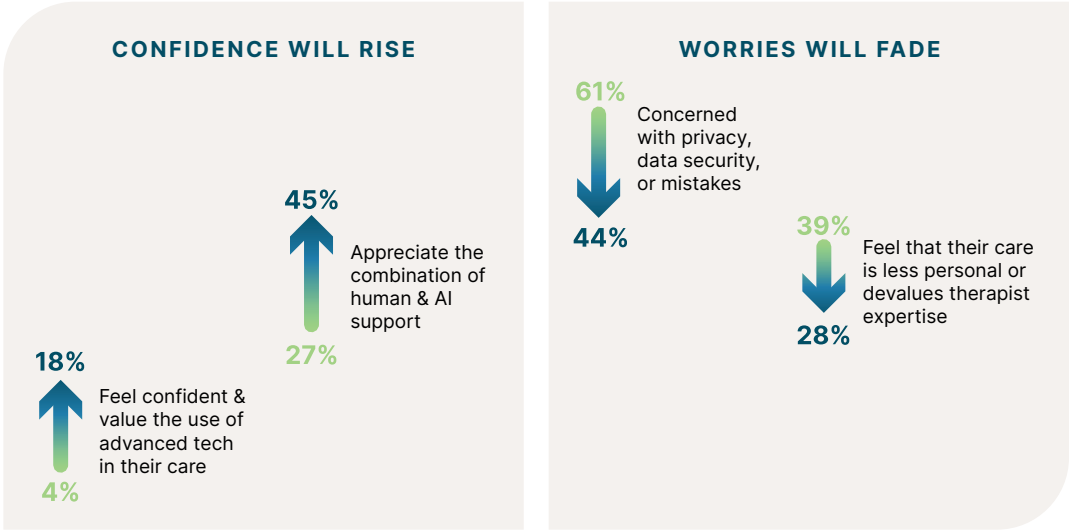
Therapists working heavily in telehealth settings expect their clients to be even more unsure about the value of AI in therapy, perhaps because they see AI as another layer of technology on top of care that is already mediated by a screen.

In short, therapists think their clients' attitudes towards AI will mirror their own: willing to accept AI as long as it enhances rather than hinders the therapeutic relationship.

Therapists say clients will grow more comfortable with AI in their care by 2030.

Client attitudes toward AI: Today vs. in 5 years (arrow shows change)

2025 → 2030



Question: Thinking about your clients or patients today, which of the following do you believe most closely reflects how they would feel about your use of AI tools in their care? Multiple selection. N=1,228. Now, imagine it is 5 years from now. How do you think your clients will feel about your use of AI tools in their care at that time? Multiple selection. N=1,228.

Therapists expect growing acceptance of AI-assisted therapy collaboration.

27% Today

45% In 2030

The shift that therapists expect

This suggests therapists believe clients will follow a similar path to many technological adoptions: initial skepticism giving way to acceptance as the benefits become clear and the risks feel more manageable. That outlook is reinforced by therapists' own plans, since 59% expect to be using at least one AI tool in their work in the next five years, which indicates they anticipate both clinicians and clients gradually adopting AI together.

Therapists are open to AI, but wary of its safety

Therapists want AI to handle tasks they don't want to do, like scheduling, documentation, billing, and compliance. They're interested in AI that supports their clinical judgment, but only with clear explanations, strong privacy protections, and visible fairness safeguards.

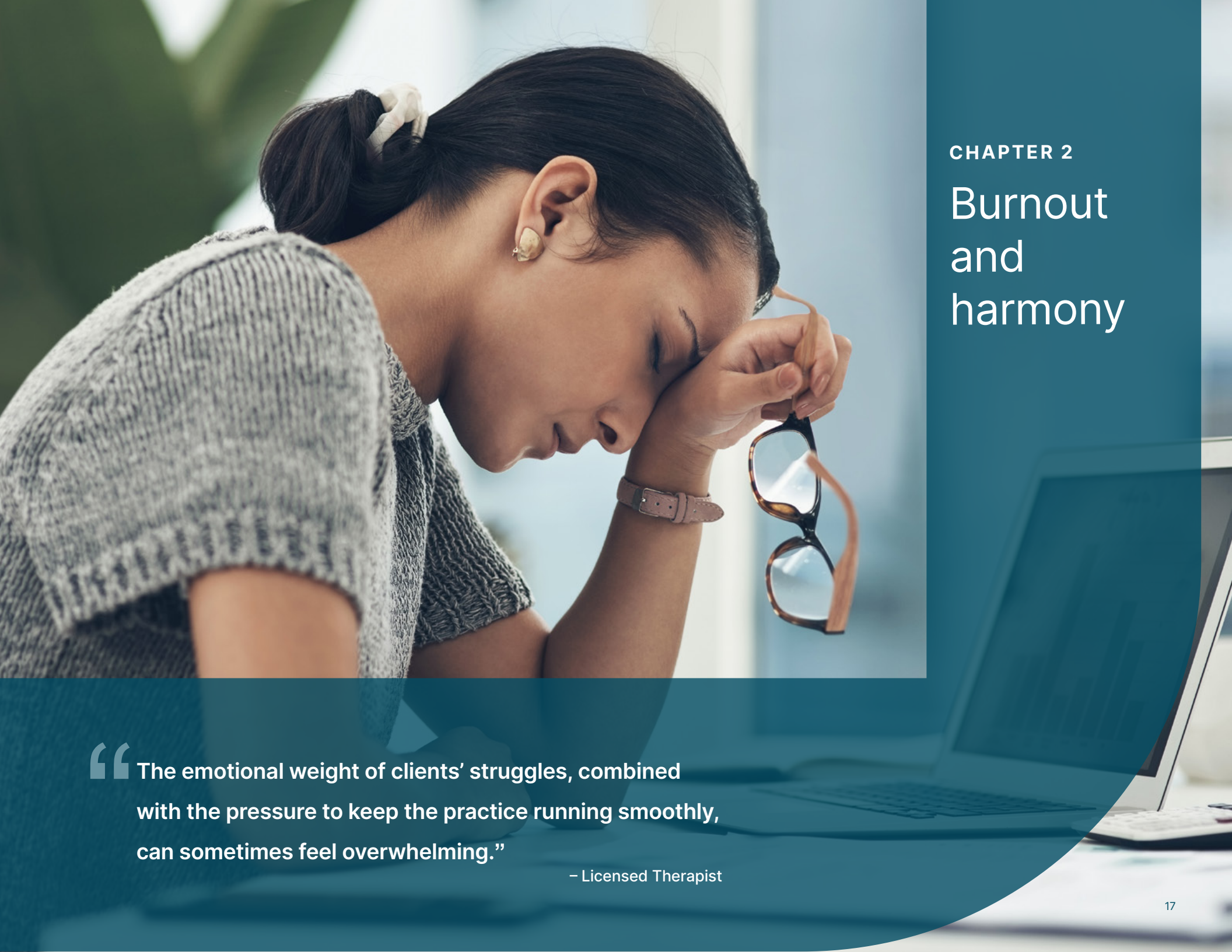
The path forward isn't about convincing therapists that AI is safe. It's about proving it through transparent design, robust privacy protections, and clear boundaries that preserve the human connection at the heart of therapy.

> "I will never use AI for this work, and I will continue to advocate against it. We don't need AI, we need better working hours, compensation, and higher quality tools to work better."
>
> – Parker Kehrig, LLMSW

What this means for clinical practice

The data tell a clear story: AI is becoming a normal part of therapy practice, but it's staying in the background for now. It's handling the administrative tasks that take time away from clients, not trying to do the clinical work that requires human judgment and connection.

Therapists not using AI tools yet aren't necessarily behind, they're part of the 60% majority yet to dip their toe into using AI. But for therapists curious about ways to reduce paperwork or streamline scheduling, AI tools are now available and in use by many therapists in every type and size of practice.



CHAPTER 2

Burnout and harmony

> **“The emotional weight of clients’ struggles, combined with the pressure to keep the practice running smoothly, can sometimes feel overwhelming.”**
>
> – Licensed Therapist

If you're a therapist reading this while feeling overwhelmed, exhausted, or questioning whether you can keep doing this work, you're not alone. Far from it, actually. The numbers tell a story that many of you are living every day: The therapy profession is facing a burnout crisis unlike anything we've seen before. It impacts four out of five therapists. And the causes of burnout are not easily removed.

But the information provided by therapists also offers hope. There are strategies to counter burnout that actually work, and ways to find balance even in an imperfect system. This chapter will help you understand where you stand, what's driving your exhaustion, and most importantly, what you can do about it.

In this section, we asked therapists to share their thoughts about burnout, which we defined broadly to include experiences sometimes described as moral injury, emotional exhaustion, loss of motivation, or feeling unable to meet the demands of work due to high stress or workload.

The burnout crisis in therapy

The troubling reality is that 82% of therapists surveyed reported experiencing burnout or serious fatigue from their work. Even more concerning, 31% are dealing with extreme burnout, the kind where exhaustion hits several times a week or every single day.

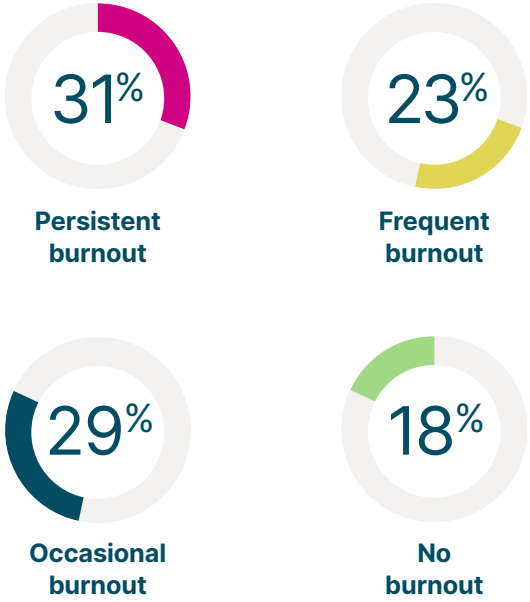
82% of therapists experience burnout or serious fatigue.

This goes beyond being tired after a long day. We're talking about emotional exhaustion that follows you home, seeps into your personal life, and makes you question everything about your career choice.

The age factor makes this even more troubling. Younger therapists are getting hit the hardest. While 24% of those 55 and older experience this level of exhaustion, 35% of therapists under 40 report extreme burnout. This means we're potentially losing talented professionals early in their careers, right when they have the most to give.

Looking ahead, the outlook is mixed at best. Only 32% of therapists think their burnout will improve in the next five years. Nearly half expect things to stay exactly the same. That's an alarming lack of optimism in a profession defined by the potential for growth and improvement.

Burnout is widespread: One in three therapists experience extreme fatigue



Question: Thinking about your work as a therapist or in your leadership role, how often do you experience emotional exhaustion or significant fatigue from your responsibilities? Single selection. Responses grouped. N=1,278.

What's driving therapists to exhaustion?

Therapy burnout boils down to three key issues. The common thread? Therapists can't fix them on their own.

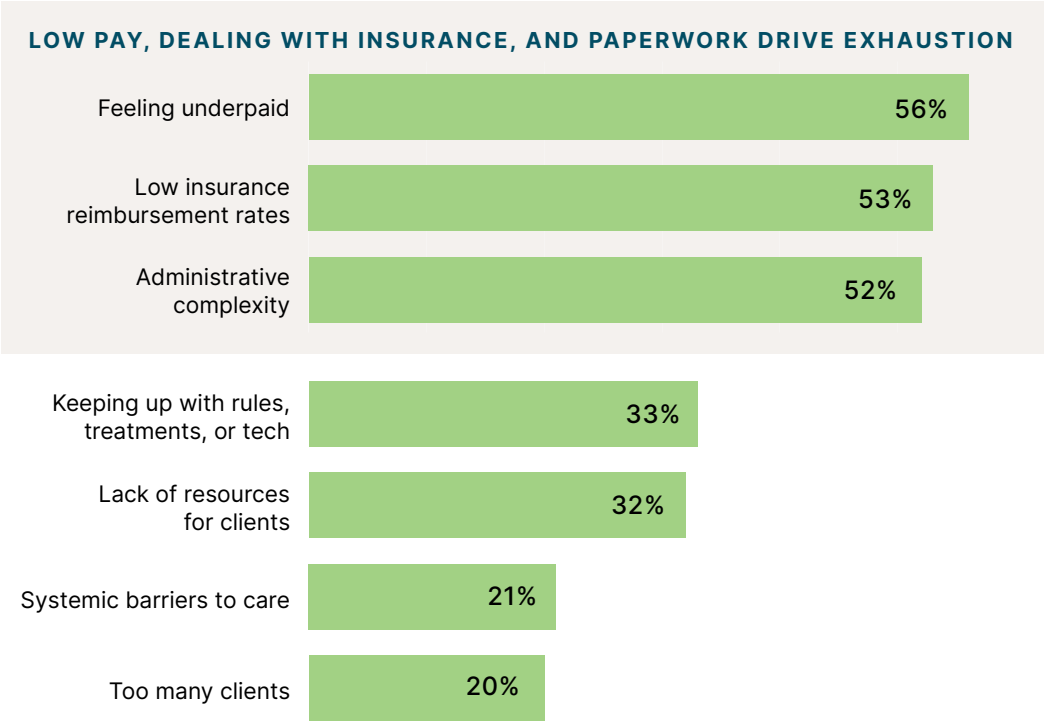
More than half of therapists (56%) say low pay is their top stressor. They don't want to live in luxury, but they reasonably expect to be able to pay expenses like rent and groceries without working two jobs. Therapy is skilled, emotional work that takes years of education and costly training, and it deserves fair compensation.

Close behind, 53% cite insurance and reimbursement rates as a major burnout driver. The endless paperwork, prior authorization battles, and payment delays drain therapists' energy without helping their clients.

Rounding out the top three, 52% say administrative complexity is burning them out. Managing schedules, juggling platforms, dealing with compliance, and handling heaps of paperwork makes the work feel like an endless slog.

These aren't things therapists can fix with better planning. They're built into the system. Instead of focusing on care, therapists spend their time wrestling with bureaucracy.

Burnout is structural



Question: Which of the following are currently the biggest contributors to your work-related stress or burnout? Multiple selection. N=1,190.

> "Fair reimbursement [would allow] a balanced caseload, reduce burnout and improve quality of care."
>
> – Mindy Finn, LMHC

The cost of burnout in mental health

The human cost of this crisis extends far beyond individual suffering. When therapists burn out, everyone feels the impact.

Currently, 24% of therapists are planning a major job shift in the next five years. Some will leave the profession entirely. Others will reduce their caseloads dramatically or move to different settings. While these changes might be necessary for individual wellbeing, they create a ripple effect.

When therapists leave or cut back, the remaining professionals face increased pressure, and clients suffer. Caseloads grow, waitlists lengthen. The very people who stay to help end up carrying a heavier burden, which can accelerate their own path to burnout.

But as noted in the previous chapter, there is reason for optimism even in this challenging landscape. Many therapists see the potential for artificial intelligence to reduce or automate their administrative work. While AI won't completely fix a flawed healthcare system, it might free up time and mental energy currently consumed by paperwork and scheduling.

Burnout drives career risk: 62% of therapists are likely to change jobs

Question: In the next 5 years, how likely are you to: leave your current role, change professions, move to a different setting, or significantly reduce your workload due to burnout or moral injury (the feeling of being unable to do the right thing due to system constraints)?. Responses Grouped. N=1,251.

Strategies that actually help therapists

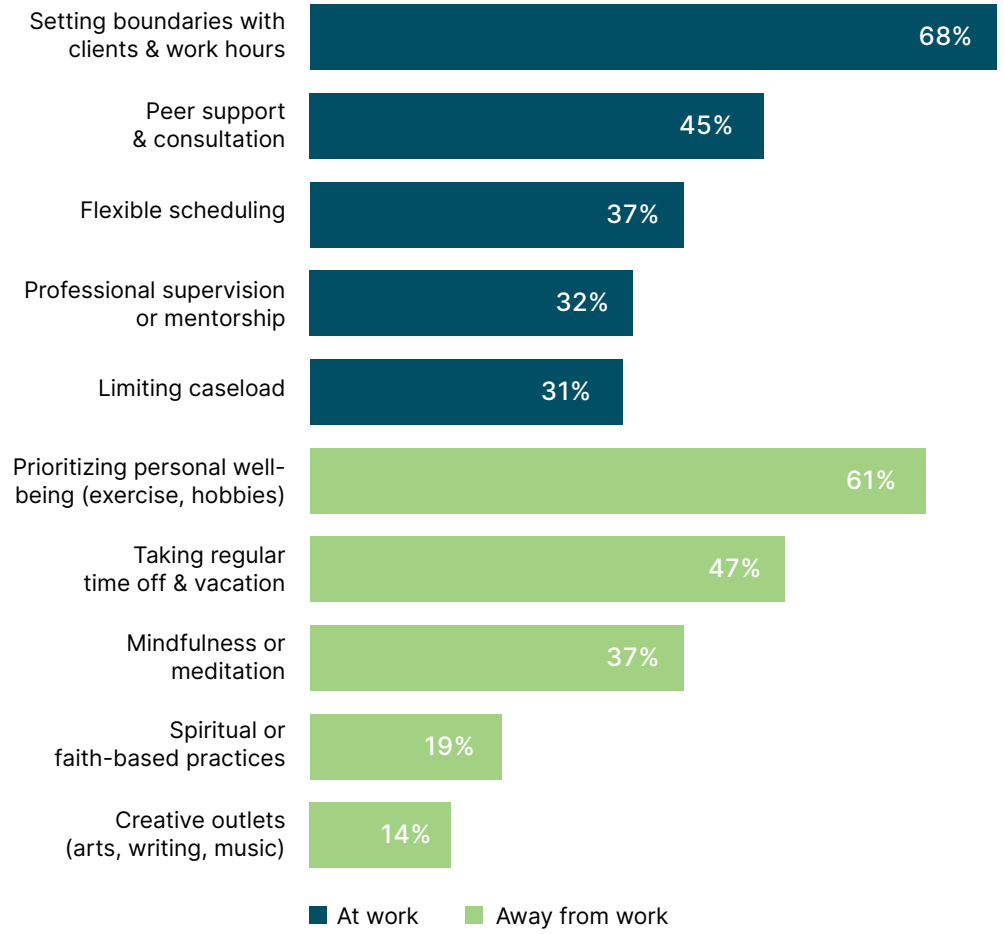
So, what do US therapists do to counterbalance the drivers of burnout? According to the survey data, most therapists have a set of strategies that focus on taking actions that are entirely within their control, both while at work and away from it.

Setting boundaries with work hours and client loads tops the list, with 68% of therapists finding this strategy helpful. This might mean turning off work phones after hours, limiting weekend sessions, or capping caseloads at a sustainable number. Turning work off affords therapists the opportunity to recharge.

Prioritizing personal wellbeing outside of work helps 61% of therapists manage burnout. This includes exercise, hobbies, personal therapy, and activities that remind therapists who they are beyond their professional role.

68% of therapists cite setting work boundaries as the top strategy to achieve harmony in their practice.

Achieving practice harmony requires boundaries and systems at work, and self-care away from work



Question: Which of the following strategies, if any, help you find harmony in your practice? Multiple selection. N=1,129.

Taking regular time off benefits 47% of professionals. This doesn't just mean vacation days (though those matter too). It includes regular breaks during the day, lunch hours away from the office, and mental health days when needed.

Support from colleagues, mentors, and supervisors provides relief for 45% of therapists. Peer consultation, professional supervision, and having trusted colleagues to talk through difficult cases can prevent isolation and provide perspective.

> "Practicing in harmony [means] less admin work: notes, billing, treatment plans, and fewer insurance barriers. Collaboration with other providers, outdoor sessions, in-home visits and other 'real-world' therapy would support both client care and my well-being."
>
> – Kira Olson, LMFT

Coping strategies vary by age and career stage

Younger therapists tend to focus heavily on boundaries and personal wellbeing practices. They're more likely to disconnect from technology and prioritize self-care activities outside of work.

Mid-career therapists often rely more on peer consultation and professional relationships. They've learned the value of not trying to do it all alone and actively seek support from colleagues.

Older therapists are less likely to use time-off strategies but more likely to incorporate mindfulness and meditation into their routine. They've often developed internal resources for managing stress that don't require stepping away from work.

The path to a harmonious therapy practice

Harmony in the therapy profession means something specific: successfully balancing wellbeing, family relationships, work responsibilities, client care, and community involvement. It's not about perfect balance because that's impossible. It's about finding a sustainable rhythm that honors all these important areas of life.

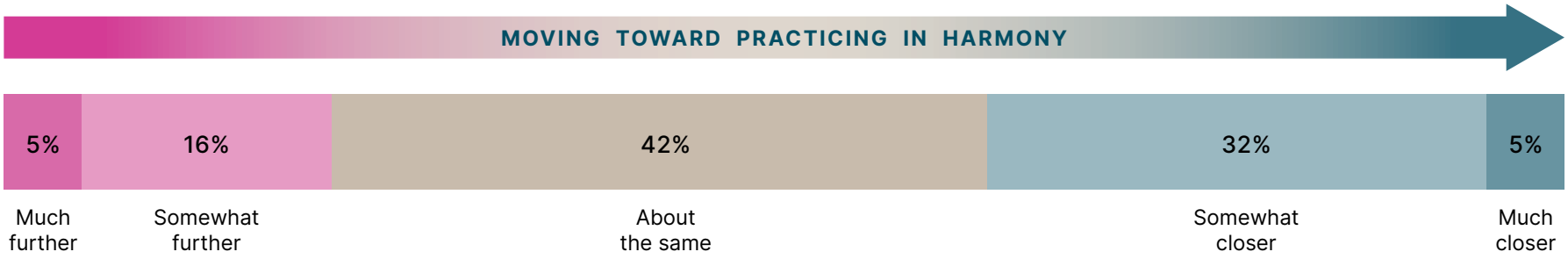
The reality check? Only 37% of therapists expect to be closer to harmony five years from now. That's barely more than one in three professionals feeling optimistic about achieving better balance.

The majority (42%) expect things to stay about the same. And 21% expect things to get worse. These numbers reflect both the systemic challenges we face and the realistic expectations of professionals who've been doing this work long enough to understand its demands.

This doesn't mean harmony is impossible. It means it requires intentional effort, systemic awareness, and often some difficult choices about what you can and cannot take on.

The therapists who do achieve better harmony share certain practices: they've learned to say no when appropriate, they've built strong personal and professional support networks, they've found ways to make their work sustainable financially and emotionally, and they practice the mindfulness and self-care that they teach their clients.

Therapists expect incremental gains in practicing in harmony over the next 5 years



Question: Thinking about "practicing in harmony," where do you think most mental and behavioral health organizations will be 5 years from now? Single selection. N=1,129.

> “To truly practice in harmony, the field must prioritize sustainability: boundaries, manageable caseloads, collaborative care, and workflows that respect human limits.”
>
> – Haley Deeney, MS, LPCC

CHAPTER 3

Therapy access and equity

> **“By valuing therapists as highly as other healthcare providers and removing financial barriers, we could make mental health care a normal expectation, fully supported by the system.”**
>
> – Seth Hock, LCMFT

If you've ever felt frustrated watching friends, family, or clients struggle to get the care they need, you're witnessing one of the biggest challenges facing the therapy profession today. The barriers to mental health care are built into our healthcare system, and they affect real people in your community every single day.

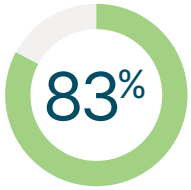
This chapter will help you understand what's blocking access to care, who has the power to change it, and what bold solutions might actually make a difference. Most importantly, it will help you see where you fit in the bigger picture of making therapy more accessible and equitable.

Barriers to care are systemic

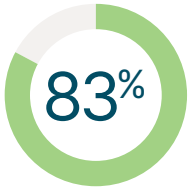
Let's start with what is well known but too seldom said aloud: Nearly every therapist (99%) believes systemic barriers prevent people from getting quality therapy care. Among therapists there is no debate about whether system-level problems exist that put quality mental healthcare out of reach for many Americans.

99% of therapists agree systemic barriers to care exist.

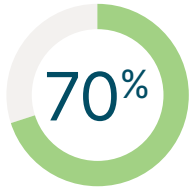
The biggest barrier, by far, is lack of adequate mental healthcare insurance coverage. More than eight out of ten therapists (83%) say this is the main thing keeping people from getting help. When someone doesn't have insurance or their plan doesn't cover mental health adequately, they face an impossible choice: pay hundreds of dollars they don't have or go without care.



Barrier
Lack of adequate insurance is the top obstacle to care



Responsibility
Insurers seen as most responsible for closing access gaps



Solution
Changing reimbursement policies viewed as most impactful fix

Geography creates another massive barrier. 60% of therapists say people in rural areas face significant obstacles to accessing therapy. In mental health deserts, driving two hours to see a therapist is normal. Telehealth has helped, but internet access, privacy concerns, and technology barriers still leave many rural residents without options.

Disability adds another layer of complexity. More than half of therapists (53%) recognize that people with disabilities face unique challenges accessing care. Physical barriers like inaccessible offices, communication challenges, or providers who lack training in disability-informed care all contribute to this problem.

Language barriers also affect peoples' ability to get therapy care. 48% of therapists surveyed say people with limited English proficiency struggle to find appropriate care. Finding a therapist who speaks their language or having access to quality interpretation services shouldn't be luxuries, but they often are.

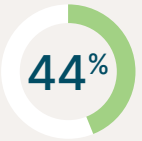
These barriers don't exist in isolation. A single person might face multiple obstacles: Living in a rural area with a disability, or lacking sufficient insurance while speaking limited English. Combined, these challenges can make access near impossible.

Additionally, BIPOC individuals (44%), older adults (44%), children and adolescents (39%), and LGBTQ+ individuals (35%) all face barriers. One reason these identity-based barriers are so persistent is that many clients want a therapist who shares their background or identity; for example, Black clients seeking Black therapists or LGBTQ+ clients seeking LGBTQ+ therapists. That shrinks an already limited pool of providers, making access even harder.

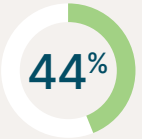
This pattern suggests something important: Cost and access pressures weigh heavily across the system, but identity-based barriers remain prevalent because of representation gaps in the workforce. Yes, there aren't enough therapists overall. But for people seeking culturally competent care from someone who truly gets their experience, the shortage is even worse.

> "[Therapy should be] inclusive and representative...Cultural humility [made] standard. Moving from reactive to preventative, community-based care would change everything."
>
> – Courtney Oblinski, LPC, NBCC, BC-TMH, MA

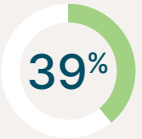
Populations who face systemic barriers to care



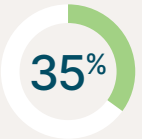
BIPOC individuals



Children & adolescents



Older adults



LGBTQ+ individuals

Who is responsible for fixing inequities?

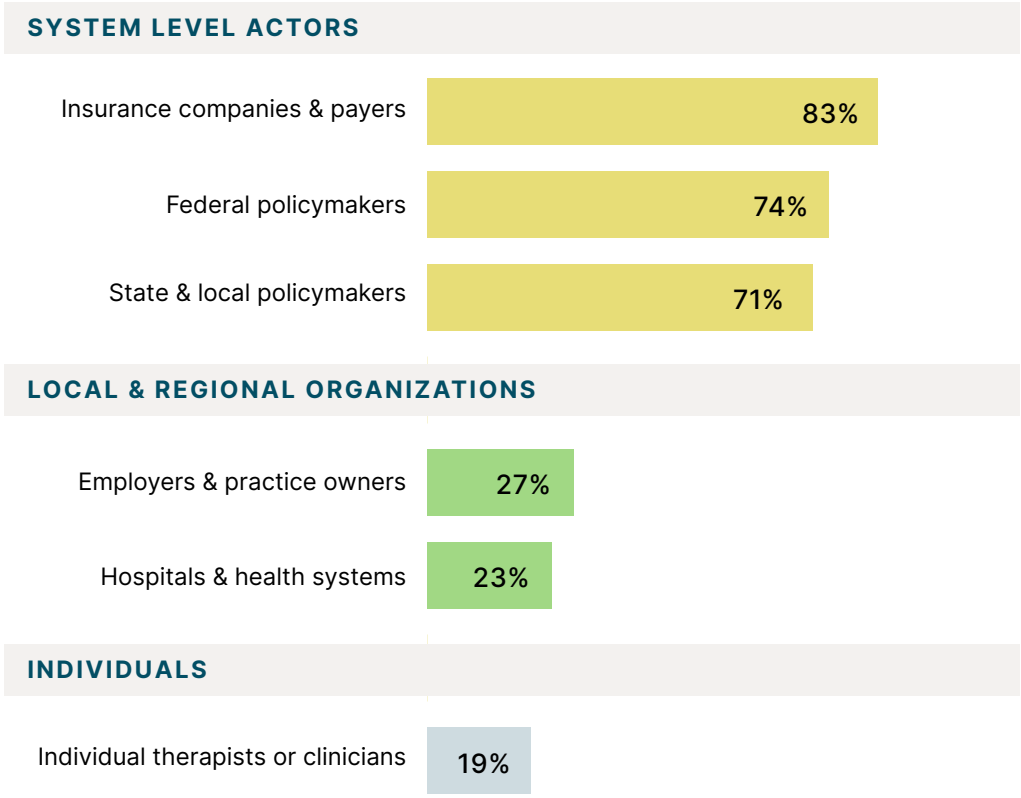
When therapists look at these massive access problems, they don't see solutions coming from individual effort or small-scale changes. They see systemic problems that require systemic solutions.

The majority of therapists surveyed (83%) believe insurance companies and payers bear the most responsibility for improving access and equity. This makes sense when considering that lack of insurance topped the list of barriers to care. If insurance coverage and reimbursement rates were adequate, many access problems would disappear overnight.

Federal policymakers come next, with 74% of therapists seeing them as key to solving equity issues. State and local policymakers follow closely at 71%. Together, these numbers show that therapists view access and equity as fundamentally political issues requiring policy solutions.

> "Counseling should be like police work, expected and government funded. As well as better crisis response systems."
>
> – Elizabeth Ivey, LPC-S

Therapists say system leaders, not clinicians, must drive change



Question: Who do you feel bears the most responsibility for improving access and equity in therapy care for your clients or community? Multiple selection. N=1,179.

The contrast is striking when we look at who therapists don't see as primarily responsible. Only 27% point to employers and practice owners, 23% to hospitals and health systems, and just 19% to individual therapists and clinicians as bearing significant responsibility.

This isn't therapists shirking responsibility or shifting blame. It's a realistic assessment of where power actually lies. Individual therapists can provide sliding scale fees, seek training in cultural competence, or advocate for their clients. These efforts matter enormously to the people they help. But they can't fundamentally restructure insurance systems or create universal healthcare access. If a therapist can't pay their rent or student loans without overworking themselves into burnout, taking on a few pro-bono clients feels unsustainable, and furthermore won't fix the access problem given its enormity.

The message is clear: Therapists see themselves as working within a broken system without having the power to fix that system. Real change requires action from entities with actual leverage over reimbursement rates, funding levels, and policy frameworks.

> "[I propose] Mental Health Education for All. Starting in preschool, kids learn emotional literacy, mindfulness, boundary-setting, and trauma resilience. Adults and elders get access to lifelong mental health workshops, support groups, and body-based healing practices."
>
> – Brenda Kelleher, LCSW, LICSW

Do therapists think things will improve?

Given the scope of the problems and the complicated nature of any real solutions, it's not surprising that therapists aren't wildly optimistic about progress in the near term.

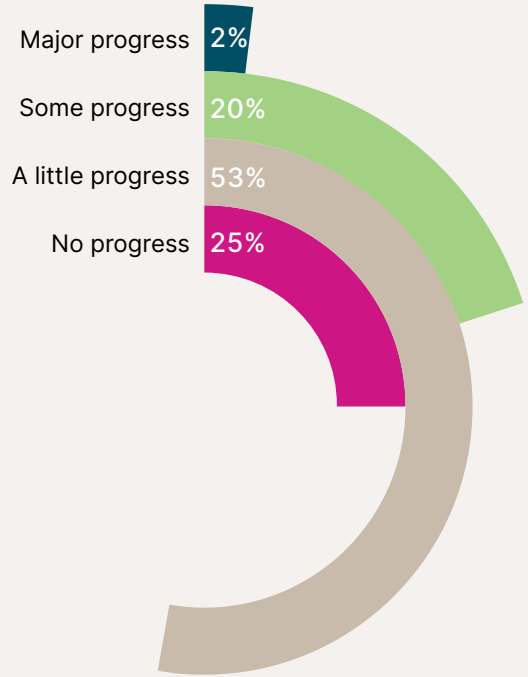
Only 22% expect real progress on access and equity issues over the next five years. Even more sobering, just 2% believe major progress is possible. That means 98% of therapists think we won't see major improvements in therapy access by 2030.

98%
don't expect major progress on access and equity in 5 years.

This isn't pessimism for its own sake. It's informed realism from people who work within these barriers every day. Therapists see clients who can't afford care, struggle with transportation, or wait months for appointments. They know how slowly systems change and how resistant insurance companies and policymakers can be to costly reforms, even when those reforms could save money long-term.

The most common expectation is modest, incremental progress. 35% of therapists think we'll see "a little progress," while 20% expect "some progress." These are the voices of professionals who understand that meaningful change takes time and requires sustained pressure on key issues by advocating with policymakers, and refusing to accept that access barriers are permanent fixtures.

Access gaps will persist: Just 2% see major improvement ahead



Question: How much progress do you think is realistically possible in closing access and equity gaps in therapy care over the next 5 years? Single selection. N=1,179.

So, what specifically should change to improve care access?

When asked how to fix the access issue, assuming unlimited resources and zero red tape, therapists dream big. Their responses reveal both the depth of current frustrations and the scope of possible solutions.

The idea therapists cite most often is universal or free care, supported by 34% of responses. Therapists envision a world where mental health care works like public education: available to everyone regardless of ability to pay. Some propose government-funded therapy. Others suggest community-based free clinics. The common thread is removing cost as a barrier entirely.

Close behind, 28% focus on reducing costs to clients through sliding scale programs, subsidized care, or insurance reforms that actually cover mental health adequately. These approaches work within existing systems while making care more affordable.

Another 28% specifically call for insurance and reimbursement reform. They want insurance companies to pay fair rates, stop limiting session numbers arbitrarily, and eliminate prior authorization barriers that delay care. These therapists see the current insurance system as fixable rather than replaceable.

> “Therapy would be provided as part of a federal benefit for all citizens. The amount paid to therapists would be commensurate with other healthcare professionals.”
>
> – Mandy Jones-Fischer, LCSW, RPT-S, JD

Beyond financial solutions, therapists propose community-based innovations. They envision mobile therapy units serving rural areas. Mental health providers in every school, available like school nurses. Therapy services embedded in community centers, libraries, and places people already go. Drop-in counseling at community events to reduce stigma and increase access.

Some therapists think even bigger. They propose whole person care centers that combine therapy with housing assistance, food programs, childcare, and other support services. The idea is meeting people where they are with everything they need, not just mental health services. We'll discuss what therapists think of whole person care in more detail in the next chapter. But it's clear that therapists don't believe that mental health should be treated in isolation.

Transportation solutions also appear frequently in responses: Free or subsidized rides to therapy appointments, mobile units that come to neighborhoods, or therapy services located on public transit routes. Childcare during sessions is another common suggestion, recognizing that many parents can't access care because they can't find or afford childcare.

Technology support also comes up in some responses. Therapists mention expanding broadband access for telehealth and providing devices for people who can't afford them. They also mention more interoperable EHRs for integrated care.

> "I would put community centers in high-risk areas that fund mental health care and offer resources to those in need. Making access to care convenient and affordable would make all the difference!"
>
> – Connie Albright, LICSW

Therapists advocate for improved community care access

Therapists aren't just thinking about small tweaks to current systems. They're imagining fundamentally different approaches to how mental health care could work. Some responses read like public health policy papers. Others sound like community organizing strategies.

Many therapists are already working toward versions of these ideas within their current constraints. They're partnering with community organizations, advocating for policy changes, providing pro bono services, and finding creative ways to serve underserved populations.

CHAPTER 4

Therapists and whole person care

> We need community outpatient clinics where therapists collaborate with other professionals and clients find community. The private practice model is very restrictive and isolating for all involved."
>
> – Laurie MacDonald, MSW, LCSW

As a therapist, you know that a person's well-being is more than a single reimbursable diagnosis. You know that to help people heal and grow, you need to tap into the complexities of their mental and physical health, the environment around them, why they're seeking care, and where they get strength and support.

The idea of treating the entire person is something most in the field champion. But many barriers seem to get in the way– not enough time, little financial rewards, communications barriers, and data siloes. So where does the therapy community stand on making whole person care the norm? In this chapter we dig into what whole person care is, what stands in its way, and who will lead the change.

Defining whole person care for today's clients

To therapists, "whole person care" is more than a buzzword; for many it's why they entered the profession. Whole person care – using information about a client's mental and physical health, social determinants of health, values, preferences, and resources to customize a treatment plan in collaboration with other healthcare professionals and community partners – promises to unlock greater health for Americans.

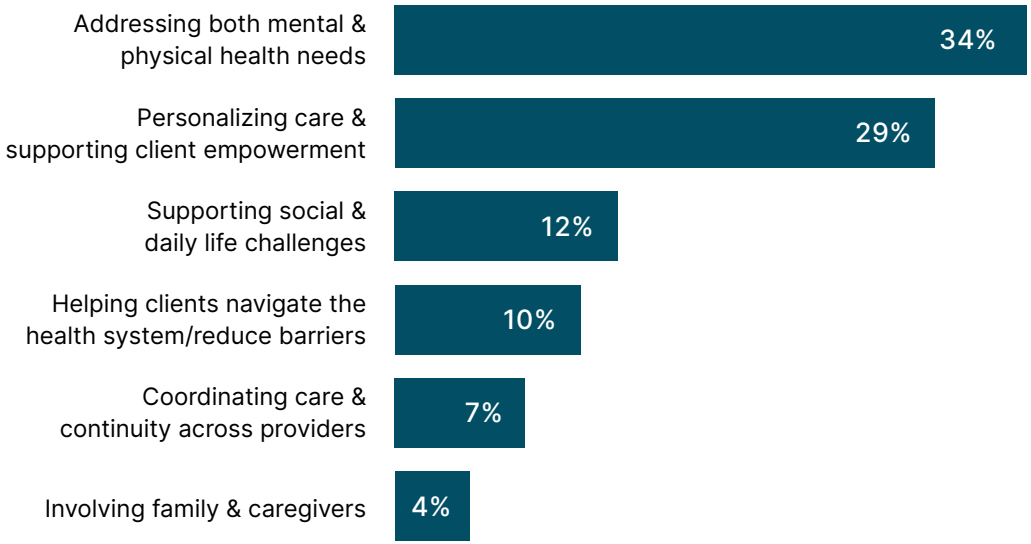
Whole person care doesn't just lead to better outcomes, it also lowers costs. For example, treating diabetes in a patient with an unmanaged mental health condition can cost twice as much as treating someone without mental health challenges. When a person struggles with any aspect of their health, it impacts their work productivity, their ability to support their family, and other areas of their life. Better preventative, coordinated care can help reduce these challenges and their ripple effects.

When asked which aspect of whole person care they think is most important for a client's long-term success, therapists' top response (34%) is addressing both mental and physical health needs. This makes sense, as therapists are trained to see clients' interconnected relationships between their mind and body, as well as their social determinants of health like their environment and social relationships.

Therapists' second response (29%) is personalizing care to empower the client. Therapists are trained to build a strong therapeutic alliance with their clients. With trust established, they can equip clients with the tools they need to connect the dots between their mind, body, and environment.

> "Have a community center that provides multifaceted support: transportation, childcare, mental health treatment, peer support, case management, community engagement activities, and support for basic needs."
>
> – Ashley Sesco, CSW

Therapists see mind-body connection and personalized care as keys to whole person care



Question: When you think about whole person care, which aspect do you believe is most important for a client's long-term success? Single response. Note: "Other" responses not displayed. N=1,179.

Therapists are unified in seeing whole person care as critical to better outcomes

There is no debate in the field about whether whole person care matters. An overwhelming 94% of therapists say it is either “essential” or “important” for their clients. This confirms that therapists are driven by a desire to provide comprehensive, meaningful support. Therapists see the whole person, and they believe treating them as such is fundamental to good outcomes.

94% of therapists agree on the importance of whole person care for their clients. 67% say it is essential.

Furthermore, therapists are uniquely well suited to make whole person care a reality. They are trained to support behavior change and to treat root causes of problems, not just their symptoms. Compared to primary care physicians who might see a person once or twice a year, therapists see clients much more often – every 1 to 4 weeks. Therapists are often the first to notice that something is awry with a client; changes in stress levels, sleep patterns, diet/exercise, speech, gait, or memory, can be a warning sign of more serious health issues.

Whole person care is the goal, but it’s often out of reach

Most therapists already see whole person care as a core part of their work. In fact, nearly half of therapists surveyed (48%) say they “always” practice whole person care, and another 35% do so “often.” This isn’t a future trend they’re waiting for; it’s a standard they’re already setting.

Looking ahead five years, this commitment only deepens. The number of therapists who expect to always practice whole person care is set to rise to 56%.

So, the real question is what prevents every therapist from feeling they can “always” provide this level of care?

The systemic hurdles in the way

While therapists are committed to whole person care, they also see the obstacles. The biggest barriers they face are not related to their skills or their clients' willingness. They are systemic and structural.

A massive 77% of therapists point to insurance and billing rules as the top obstacle. The typical level of reimbursement for employment and education services, team-based care, and community outreach, is $0. So, there is little financial incentive for therapists to practice beyond the scope that will be reimbursed, and often that scope is too narrow for achieving whole person care.

Simply put, the health care system does not set therapists up for whole person care. Traditional "sick" care focuses on treating symptoms, a siloed approach to healing that is largely reactive. In contrast, whole person care focuses on treating symptoms and their root causes through interdisciplinary collaboration and coordination that is both preventative and reactive. Unfortunately, that holistic approach doesn't get reimbursed easily.

Other major hurdles include a lack of local community resources (50%) and the burden of documentation (44%). These administrative and logistical challenges take time and energy away from client care. Therapists already spending pajama time catching up on notes have little time to spend overcoming the systemic barriers to whole person care.

The biggest barriers to whole person care in the next five years

Question: Looking ahead to the next 5 years, which of the following barriers do you believe will become the biggest obstacles to delivering whole person care? Multiple selection. N=1,197.

Different perspectives by therapist type

Therapists come from many backgrounds and work in varied settings. These differences shape how whole person care is delivered, and what obstacles stand in the way.

Telehealth-focused therapists are the most likely to see barriers to whole person care. Remote therapy brings its own set of challenges, from working with insurance providers to helping clients find resources in their own communities. They often report that connecting to local partners or coordinating extra services for clients can be tough when working virtually.

Therapists in solo or small practices have the advantage of autonomy and can personalize care more easily. However, they often face heavier administrative loads and fewer resources for coordination or referrals. In larger practices or group settings, therapists might find more opportunities for collaboration, but may also encounter more policies or workflows that can make it harder to tailor care for every client.

Age groups and experience levels shape approaches as well. Some early-career therapists may bring fresh energy and openness to new methods, including digital tools or new models of care. More experienced therapists might draw on a deeper well of tried-and-true techniques, but could also feel more frustration with how systems have evolved. Across the board, age and stage often influence both the willingness to adapt and the perceptions of which barriers are most difficult to overcome.

> “Helping clients get access to needed services/care outside my practice [is a challenge]. Social policy [should] fund healthcare and other social needs [using] clinics with evening and weekend hours, transportation assistance, childcare [and] linkage to other services and supports.”
>
> – Áine Aldrich, LCSW

Therapists are ready to lead the way

Despite these significant challenges, therapists' confidence remains strong. 70% of therapists agree that they are uniquely positioned to lead the way in making whole person care a reality. They see themselves as the natural champions of this integrated approach.

However, a notable one in five therapists feel uncertain. This hesitation does not come from a lack of skill or belief. It reflects a deep-seated doubt about the system. They believe in their ability to lead, but they question whether they will get the support needed to do so effectively. This creates a central tension: Therapists have the will, the skill, and the professional conviction to deliver whole person care. Yet, they're often held back by external constraints. Unless these external constraints are addressed, the large-scale impact of therapists on whole person care remains uncertain.

Conclusion

As we conclude this Future of Therapy report, we want to express our sincere gratitude to everyone who participated in the survey and shared their valuable insights. Your perspectives made this report possible, shedding light on both the optimism and challenges felt by therapy professionals today. Thank you!

This report, produced by Ensora Health, set out to capture today's realities and emerging trends in therapy care. We examined the evolving use of AI, the burnout that plagues therapists, how practitioners believe we can improve access to mental healthcare, and the systemic factors that shape the delivery of whole-person care. The findings highlight a strong commitment to making progress alongside a clear call for greater support and systemic change.

Our research confirms that therapists are ready and willing to lead this charge. They possess the skills, empathy, and the professional conviction necessary to make a profound difference. However, the report also reveals that external constraints, like managing administrative complexity while struggling to earn a fair wage, make it difficult for therapists to focus on improving the mental healthcare landscape.

To fully realize the vision of accessible mental healthcare for all, we must collectively address these systemic barriers. This means fostering environments where therapists feel empowered, supported, fairly compensated, and confident that their efforts will lead to tangible, large-scale impact. The insights gleaned from this report serve as a powerful call to action for stakeholders across the healthcare ecosystem.

This report also offers an opportunity for therapists to compare their views and feelings with those of therapists from across the US. For example, the data presented here shows a therapist how they might compare with their peers with regards to adopting AI in their practice, or engaging in strategies to help them prevent burnout. We hope the Future of Therapy report enables therapists to make improvements to their practice that lead to success, however they define it.

Methodology

Research goal

Our survey on the Future of Therapy was conducted by Ensora Health to capture expert perspectives on the clinical practice and business of therapy care in the United States. The focus was on current beliefs about the state of therapy care and how it will change over the next five years.

Survey design and fielding

The survey consisted of 33 primary questions. Three screener questions were used at the start to ensure respondent eligibility. Qualified respondents were required to be currently practicing mental and behavioral health professionals and/or practice leaders; clinicians qualifying for the survey provide direct care or provide practice leadership with clinical oversight responsibilities.

Fielding was conducted online between July 31 and August 18, 2025. The survey included both Ensora Health customers and non-customers. Customers were invited directly through Ensora Health channels (e.g. via email and links placed in Ensora Health software), while non-customers were recruited via professional panels and verified by their clinical credentials.

Incentives

To encourage participation, Ensora Health offered incentives based on respondent type:

- Current customers were offered voluntary entry into a random drawing for one $250 gift card.
- Non-customers were provided an honorarium of $100 for verified completion.
- All respondents were offered early access to this report.

Respondents

A total of 1,365 qualified responses were collected and form the basis for all results in this report. Sample quality was assured through respondent screening, attention checks, and response quality checks across answers.

Unless otherwise noted, percentages are based on the full qualified sample. For multi-select and matrix questions, denominators are standardized across each block, with totals exceeding 100% where respondents could choose more than one option. Open-ended responses were coded thematically, with illustrative verbatim quotes included in the narrative.

Topics and structure

The questionnaire covered four major themes shaping the future of therapy:

- **Artificial intelligence in practice:** adoption of generative AI, perceived benefits and risks, and views of client acceptance.
- **Burnout and practicing in harmony:** prevalence and drivers of burnout or moral injury, expected future trends, strategies for balance, and visions of harmony.
- **Access and equity:** barriers to care, responsibility for improving access, expectations of progress, and bold ideas for systemic change.
- **Whole person care:** definition and importance of whole person care, current versus future adoption, barriers, and the roles of various actors in enabling change.

The survey used a variety of question formats including single-response, multiple-response, Likert scales, matrices, and open-ended questions.

Analysis

Results were analyzed at both topline and segmented levels. Segmentation was based on practice size, age group, modality of care, burnout prevalence, risk of job change, equity outlook, and concern about AI replacement.

Demographic and firmographic samples

Percentages below may not sum 100% due to rounding, in the case of multiple responses questions, or otherwise as specified.

Professional status

Base: All qualified respondents (n=1,365). Single response.

Response	Percent of respondents
Mental or behavioral health clinician, seeing clients directly	68%
Leadership or executive role at a mental or behavioral health organization	6%
Both clinician and leadership at a mental or behavioral health organization	25%

Responses such as “None of the above,” “Not practicing,” and “Not a mental or behavioral health professional” were excluded from the qualified sample.

Practicing clinician professional credential / clinical role

Base: All qualified respondents (n=1,365). Single response.

Response	Percent of respondents
Licensed professional counselor (LPC, LPCC, LCPC)	46%
Licensed clinical social worker (LCSW, LICSW, LMSW, MSW)	30%
Licensed marriage and family therapist (LMFT)	12%
Psychologist (PhD, PsyD, EdD)	8%
Other licensed therapist or mental health clinician	2%
Substance use/addiction counselor	1%
Psychiatrist (MD, DO)	0.4%
Psychiatric/mental health nurse practitioner (PMHNP, APRN)	0.4%

Leadership professional credential / clinical role

Base: Leadership respondents only (n=82). Single response.

Response	Percent of respondents
Professional counseling	35%
Psychology	18%
Social work	17%
Other mental or behavioral health field	12%
Marriage and family therapy	10%
Substance use/addiction treatment	6%
Psychiatric/mental health nursing	2%

Practice size

Base: All qualified respondents (n=1,355). Single response.

Response	Percent of respondents
Solo practitioner (1 therapist)	36%
2–3 therapists	10%
4–10 therapists	23%
11–19 therapists	15%
20 or more therapists	16%

Practice setting

Base: All qualified respondents (n=1,329). Multiple response.*

Response	Percent of respondents
Private practice (solo or group)	85%
Community mental health center	6%
Non-profit organizations or clinics	6%
School or educational institution	3%
Other (please specify)	3%
Hospital or health system	1%
Government agency/facility	1%

*Respondents could select more than one option, which is why totals exceed 100%.

Age

Base: All qualified respondents (n=1,093). Single response.

Response	Percent of respondents
Under 25	1%
25–29	6%
30–34	12%
35–39	12%
40–44	14%
45–49	14%
50–54	12%
55–59	10%
60–64	8%
65 or older	10%

Care modality

Base: All qualified respondents (n=1,104). Single response.

Response	Percent of respondents
In-person only	5%
Mostly in-person	28%
Even mix of in-person and telehealth	37%
Mostly telehealth	10%
Telehealth only	20%

Payer mix

Base: All qualified respondents (n=1,104). Multiple response.*

Response	Percent of respondents
Client/patient self-pay (no insurance)	87%
Private insurance (commercial plans)	80%
Medicaid or other public insurance	43%
Medicare	31%
Other	2%

*Respondents could select more than one option, which is why totals exceed 100%.

Acknowledgments

Project Sponsor

Cory Polonetsky

Report Authors

Audrey Smith (lead writer)

Cory Polonetsky

Dave Okenquist (lead researcher)

Production and Distribution Team

Amy Mallik (lead designer)

Brooke Schuster

Jan Carlisle

Jason Todrick

Micah McAllister

Pam Steffen

Rachel Morgan

Ensora Health Clinical Advisory Board

Dr. Alisa Bahl

Dr. Cleo Booker

Dr. Doug Nemecek

Dr. Harold Pincus

Dr. Michael Golinkoff

Ensora Health Executive Leadership Team

John Damgaard

Kevin McKenzie

Kevin Smith

Kimberly Sisnett

Kristen Aleksa

T Le

Additional thanks to various Ensora Health team members who contributed to the research and report.

Media contact

Stephanie Wright (stephanie.wright@ensorahealth.com)

If you are a mental health organization, journalist, or conference organizer and are interested in a briefing on the report from one of our team members, please inquire at: stephanie.wright@ensorahealth.com

If you are a therapist, practice leader, or otherwise an advocate for therapy and are interested in more insights, please subscribe to our newsletter where we can keep you updated on emerging insights and research findings: https://ensorahealth.com/newsletter/

References

AP-NORC Center for Public Affairs Research. "Young Adults Leading the Way in AI Adoption" (July 2025). https://apnorc.org/projects/young-adults-leading-the-way-in-ai-adoption/

Ciechanowski, P. S., Katon, W. J., & Russo, J. E. (2000). Depression and Diabetes. Archives of Internal Medicine, 160(21), 3278. https://doi.org/10.1001/archinte.160.21.3278

Cruwys, T., Lee, G. C., Robertson, A. M., Haslam, C., Sterling, N., Platow, M. J., Williams, E., Haslam, S. A., & Walter, Z. C. (2023). Therapists who foster social identification build stronger therapeutic working alliance and have better client outcomes. Comprehensive Psychiatry, 124, 152394. https://doi.org/10.1016/j.comppsych.2023.152394

Feed. (2025, August 4). Chatbots as Confidants: Why Gen Z is Dumping Therapists and Friends for AI Guidance. *The Economic Times*. https://economictimes.indiatimes.com/ai/ai-insights/chatbots-as-confidants-why-gen-z-is-dumping-therapists-and-friends-for-ai-guidance/articleshow/123093501.cms

Goodman, M. C. P. a. D., PhD. (2025, February 1). Why we prefer computers to human beings and what we lose when we opt for AI. Psychology Today. https://www.psychologytoday.com/us/blog/our-human-condition/202502/can-ai-replace-your-therapist

Huber, B., Belenky, N., Watson, C., & Gibbons, B. (2023, October 17). Reimbursement Mechanisms and Challenges in Team-Based Behavioral Health Care. Nih.gov; Office of the Assistant Secretary for Planning and Evaluation (ASPE). https://www.ncbi.nlm.nih.gov/books/NBK606628/

KFF. (2025, August 9). *Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF State Health Facts*. https://www.kff.org/other-health/state-indicator/mental-health-care-health-professional-shortage-areas

Levins, H. (2022, September 29). Worsening Faster Than It's Improving: The U.S. Mental Health Care Delivery System. Penn LDI. https://ldi.upenn.edu/our-work/research-updates/worsening-faster-than-its-improving-the-us-mental-health-care-delivery-system/

McKenna, J. (2025, February 14). Doctors Warm to AI Future in Healthcare, AMA Survey Finds. Medscape. https://www.medscape.com/viewarticle/doctors-warm-ai-future-healthcare-ama-survey-finds-2025a10003zm

Modi, H., Orgera, K., & Grover, A. (2022). Exploring Barriers to Mental Health Care in the U.S. Association of American Medical Colleges. https://www.aamc.org/about-us/mission-areas/health-care/exploring-barriers-mental-health-care-us

National Center for Health Workforce Analysis. (2024). State of the Behavioral Health Workforce, 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf

Richter, H. (2025, July 26). "It's the most empathetic voice in my life": How AI is transforming the lives of neurodivergent people. Reuters. https://www.reuters.com/lifestyle/its-most-empathetic-voice-my-life-how-ai-is-transforming-lives-neurodivergent-2025-07-26/

Richter, H. (2025, August 23). "It saved my life." The people turning to AI for therapy. *Reuters*. https://www.reuters.com/lifestyle/it-saved-my-life-people-turning-ai-therapy-2025-08-23/

Smith, A. (2025, August 20). Addressing mental health deserts in rural America. Ensora Health. https://ensorahealth.com/blog/addressing-mental-health-deserts-in-rural-america/

Smith, A. (2025, July 24). Why therapists are natural champions of whole person care. Ensora Health. https://ensorahealth.com/blog/why-therapists-are-natural-champions-of-whole-person-care/

Collaborative care in mental health reduces hospital admissions. (2019). Va.gov. https://www.research.va.gov/currents/0319-Collaborative-care-in-mental-health-reduces-hospital-admissions.cfm

Ensora Health