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TELE-MENTAL HEALTH INTERVENTIONS FOR YOUNG ADULTS IN RURAL AREAS: AN EMPIRICAL REVIEW

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ABSTRACT

The mental health issues of young adults in rural settings are a long-standing and increasingly important societal health problem, and they are worsened by the high rates of differences in professional care access. The focus of this review was the nature, implementation and effectiveness of tele-mental health intervention among young adults living in rural and remote communities. Structured search was performed in PubMed, Scopus, Web of Science, and Google Scholar, with Boolean search terms being tele-mental health, digital interventions, rural populations, young adults. Research papers were included when the research involved patients between the ages of 18 and 30, when the studies discussed rural or remote locations and when they provided findings on the impacts of mental health interventions conducted through technology. Six peer-reviewed articles that fit the inclusion criteria were synthesized by descriptive narrative analysis. Results showed that tele-mental health interventions, such as videoconferencing, mobile apps, online counselling, and care navigation models, showed significant effectiveness in decreasing depression, anxiety, and maladaptive coping behaviors. Poor internet connectivity, stigma, privacy issues, and limited digital literacy were also found to be barriers throughout the studies. Facilitators were anonymity, peer-driven support and trust as created by navigators. The review has concluded that tele-mental health services have a significant potential in closing mental health service gaps in rural communities, though specific infrastructure investment and culturally sensitive design are needed to enable equal results.

Keywords: Tele-mental health; E-mental health; Young adults; Rural populations; Digital mental health interventions; telepsychiatry; Online counselling; Mental health access; Mobile health (mHealth); Systematic review.

1 INTRODUCTION

Mental health disorders are one of the most common causes of disabilities in young adults all over the world, and such disorders as depression, anxiety, and suicidal ideation are common in the period between adolescence and adulthood (World Health Organization [WHO], 2022). Adolescents between 18 and 30 years old are particularly susceptible to the development and worsening of mental health problems because of life pressures such as school stress, identity seeking, financial instability and changes in social roles (Arnett, 2007). Regardless of this weakness, young adults continue to be

one of the lowest age groups that seek or receive formal mental health assistance, especially those who live in rural settings (Gulliver et al., 2010). Rural communities are doubly affected: not only are they more vulnerable to mental health issues related to social isolation, low employment rates, and community resources, but also face extreme inequalities in terms of access to professional mental health care. Digital health technologies have recently led to a surge in interest and research into tele-mental health as a potential way of making mental health services more accessible to underserved rural communities (Langarizadeh et al., 2017).

There is a severe lack of skilled mental health workers in rural regions in both high- and low-income countries, and these services are usually centralized in urban areas. In such environments, young adults are therefore left with limited options of timely and evidence-based mental health services. The barriers to treatment are geographic distance, transport, financial, social stigma and poor awareness of available services (Gulliver et al., 2010). The COVID-19 pandemic increased the need in mental health and rapidly increased the adoption of digital health technologies, but the impact of these interventions on rural youth populations is not fully studied in literature (Fischer-Grote et al., 2024). An effective synthesis of existing evidence is required to guide policy and practice in this field.

This review has a purpose of analyzing tele-mental health interventions developed or utilized with young adults in rural settings, including their types, effectiveness, and implementation setting. The objectives are: first, to determine the forms of tele-mental healthcare interventions applied by the young adult population in rural areas; second, to explore the performance of the interventions on mental health outcomes; and third, to determine the barriers and facilitators that impact the adoption and continued awareness of tele-mental health interventions among the rural population. The following questions will guide this review: What kinds of tele-mental health interventions are in place among young adults in rural settings? What is the effectiveness of these interventions to enhance mental health outcomes? What are the barriers and enablers to the uptake and sustainability of tele-mental health services in rural areas?

The review will help to fill the ever-expanding evidence base on digital mental health by synthesizing the findings applicable to one of the most underserved groups, rural young adults. The results directly apply to healthcare policymakers, developers of digital health, clinicians, and researchers interested in developing equitable and effective mental health service delivery models in the rural setting.

2 LITERATURE REVIEW

2.1 Conceptual Clarification

Tele-mental health means that it is a provision of mental health assessment, treatment, and psychoeducation services through the application of telecommunication technology, such as video conferencing, telephone counselling, mobile applications, and web-based (Shore et al., 2018). It includes a broad range of modalities such as synchronous videoconferencing sessions with licensed clinicians, asynchronous self-directed digital programs. Rural healthcare access is generally described as the extent to which people who do not reside in urban or central localities can have access to sufficient health services and is influenced by geographic, economic, infrastructural and sociocultural factors (Hayes, Coxon & Bye, 2025). Young adult mental health is defined as psychological wellbeing and clinical mental health status of people who are usually aged between 18 and 30 years, a transitional period, where emotional vulnerability is high, and most psychiatric disorders are first experienced (Arnett, 2007).

2.2 Theoretical Framework

The Technology Acceptance Model (TAM) developed by Davis (1989) is the reason behind this review because it assumes that the intention to adopt and use technology is largely determined by the perceived usefulness and perceived ease of use. When applied to tele-mental health, TAM can be used to understand why young adults in rural communities might adopt digital platforms to support their mental health and why others do not—trust in digital tools, a concern about confidentiality, and a perceived competence of online therapists are directly related to acceptance (Harris, 2024). This framework is further supplemented by the Diffusion of Innovations Theory (Rogers, 2003), which explains the distribution of tele-mental health interventions within populations over time, depending on the relative advantage, compatibility with current practices, complexity, and observability. Combined, these frameworks offer an interpretation of the identified facilitators and obstacles within the comprising research.

2.3 Empirical Review

The evidence has been increasing over the last decade, and empirical studies have shown that tele-mental health is effective in treating various mental conditions. Fischer-Grote et al. (2024) conducted a systematic review and meta-analysis that found that post-COVID digital mental health interventions had significant medium effects on anxiety and social functioning, and the large effects on depression in children, adolescents, and young adults. Telepsychiatry and therapy based on videoconferencing have demonstrated equal results to face-to-face delivery in adult groups, especially

in cognitive behavioral therapy (CBT) and other structured psychological interventions (Shore et al., 2018). The research conducted on the topic of digital mental health in rural areas has observed that online platforms are especially beneficial among groups with a high level of stigma and where anonymity is highly appreciated (Naslund & Deng, 2021). A study of LGBT youth in Australia, living in rural areas, has discovered that internet-based services lowered the level of isolation and provided identity-affirming content, which was not available in the local environment (Bowman et al., 2020). The study by Herbert (2022) showed that young adults who received tele-mental health counselling had lower maladaptive coping than their non-counselled counterparts, which indicated significant behavioral improvements. Care navigation models have also proven to be a potential solution to ease the process of telehealth adoption in rural locations (Fisher et al., 2024).

2.4 Research Gap

Although these findings are promising, there are still several gaps. Majority of the available studies are done in high income and Western settings and, therefore, cannot be generalized to other rural settings, such as those in sub-Saharan Africa, South Asia, and Latin America. Moreover, there is a lack of the literature devoted solely to young adults as a specific population having their developmental needs, and they are often merged with the more general adult or child sample. There is a lack of longitudinal assessments of tele-mental health services in rural areas, and it is hard to determine the lasting impact and possibility of continuing the service. There is also a dearth of evidence on the application of culturally adapted or community co-designed interventions. The proposed review aims to fill these gaps by synthesizing evidence that is available with a clear focus on young adults in rural settings.

3 METHODOLOGY

The research design in this project was an empirical review to analyze tele-mental health interventions in young adults living in a rural set up. The purpose of the review was to synthesize available empirical data on the forms, efficacy, and availability of tele-mental health services in young adults who reside in rural communities. Related studies were identified following a structured search, using key databases in the major academic databases, such as PubMed, Scopus, Web of Science, and Google Scholar. Relevant publications were retrieved using the keywords and Boolean operators like tele-mental health, e-mental health, online counselling, young adults, rural populations and digital mental health interventions.

Inclusion criteria were based on studies that: reported on tele-mental health or digital mental health interventions; included adolescents or young adults; in a population of rough 18-30 years; and were published in English peer-reviewed journals. The data of the chosen studies were summarized and extracted with the help of a structured data extraction table. The main details of each of the studies that were retrieved were author and the year of publication, purpose of the study, research design, sample, nature of tele-mental health intervention, and the main findings. Six studies were included in the final synthesis having met the inclusion criteria. A descriptive narrative synthesis was used to analyze the extracted data, allowing the comparison of the types of interventions, research methods and reported results of the included studies.

Table 1: Summary of Included studies

Author and Year	Aim of the Study	Study Design / Method	Sample Participants /	Intervention Type	Key Findings
Blattert et al. (2022)	To explore health needs related to suicide prevention among adolescents and young adults (AYA) in rural Germany and Switzerland and identify suitable characteristics of e-mental	Qualitative secondary analysis of archived data from formative participatory research using semi-structured interviews.	36 participants comprising 23 experts and 13 adolescents/young adults aged 18-25 from rural regions in Germany and Switzerland.	Not applicable; the study functioned as a needs-assessment exploration of potential e-mental health solutions.	The study revealed a high need for suicide prevention services among rural youth. Participants expressed strong interest in peer-driven and web-based support. Important acceptability features included low-threshold access, smartphone-

	health interventions.				based delivery, anonymity, and trustworthiness of digital platforms.
Bowman, Nic Giolla Easpaig, & Fox (2020)	To examine how LGBT young adults in rural Australia experience online mental health services and to understand the perspectives of service providers.	Qualitative research design using semi-structured interviews and thematic analysis.	15 participants consisting of 9 LGBT young adults aged 18–25 living in rural areas and 6 service providers from four different online mental health services.	Internet-based mental health services including youth-focused, LGBT-specific, general mental health, and issue-specific services delivered through websites, webchat, and mobile applications.	Online services provided benefits such as privacy, anonymity, and reduction of isolation among rural LGBT youth. However, barriers included stigma, difficulties navigating the available services, poor internet connectivity, and limited awareness of available resources. The study also highlighted the importance of family education and supportive environments.
Fischer-Grote et al. (2024)	To review randomized controlled trials examining remote or online mental health interventions for children, adolescents, and young adults since the COVID-19 pandemic and evaluate their effectiveness.	Systematic review and meta-analysis conducted following PRISMA guidelines.	17 articles included in the qualitative synthesis with a total of 8,732 participants, and 13 studies included in the meta-analysis. Participants ranged from children to young adults aged 6–30 years.	Various digital health interventions including videoconferencing therapy, self-administered online modules, chatbots, and mobile applications based on therapeutic approaches such as Cognitive Behavioral Therapy (CBT), mindfulness, and Dialectical Behavior Therapy (DBT).	The meta-analysis showed significant medium effects for anxiety (SMD = 0.44) and social functioning (SMD = -0.42), and a large effect for depression (SMD = 1.31). However, no significant effects were observed for general well-being, psychological distress, disordered eating, or COVID-19-related symptoms.
Herbert (2022)	To investigate group differences in psychological openness,	Quantitative cross-sectional correlational design using a web-based	248 young adults aged 18–29 years in the United States. Participants were divided into three	Comparative assessment of three help-seeking approaches: tele-mental health	A statistically significant difference was observed in coping strategies

	coping strategies, and computer self-efficacy among young adults participating in tele-mental health (TMH) counselling, face-to-face (F2F) counselling, or no counselling during the COVID-19 period.	survey. Data was analyzed using MANOVA and ANOVA statistical techniques.	groups: TMH counselling (n=108), face-to-face counselling (n=27), and no counselling (n=114).	counselling, face-to-face counselling, and absence of counselling support.	among the groups. Participants using tele-mental health reported lower levels of maladaptive coping than those who did not receive counselling. No significant differences were found in psychological openness or computer self-efficacy. Additionally, demographic variables such as gender and ethnicity did not significantly influence outcomes within the TMH group.
Harris (2024)	To predict the attitudes of young adults aged 18–20 towards telemental health services based on gender, residential location (rural vs urban), and perceived barriers to accessing mental health services.	Quantitative non-experimental predictive correlational research design. Data were analyzed using multiple regression and stepwise regression techniques.	Young adults aged 18–20 recruited from across the United States using SurveyMonkey Audience.	Survey-based assessment examining attitudes towards telemental health and perceived barriers such as stigma, concerns about therapist competence, and beliefs about mental health symptoms.	Predictor variables jointly accounted for 26.5% of the variance in attitudes towards telemental health services. Concerns regarding psychotherapist qualifications and the belief that depressive symptoms are normal were the most influential predictors, explaining 13.5% and 9.6% of the variance respectively.
Fisher, McGrath, et al. (2024)	To evaluate the reach and effectiveness of the Isaac Navicare care navigation service in improving access to mental health services and	Mixed-methods implementation science evaluation based on the RE-AIM framework. Data sources included a client database review, surveys, and semi-	197 clients referred to the Isaac Navicare program during a 12-month pilot period in the Bowen Basin region of Queensland, Australia. Participants	Isaac Navicare care navigation model in which a local care navigator assisted clients in identifying suitable and affordable mental health services, including the use of	Although most clients preferred face-to-face services (85.4%), most referrals were made to telehealth services (66.0%) due to limited local service availability.

	addressing barriers to telehealth uptake in rural and remote regions of Australia.	structured interviews.	included 128 adults and 69 minors.	supported telehealth facilities.	Trust and rapport established with the care navigator increased willingness to use telehealth. The program improved access to timely mental health support. However, barriers such as privacy concerns, technical difficulties, and challenges in establishing rapport through telehealth remained significant issues.
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4 DISCUSSION

The conclusions of this review confirm that tele-mental health interventions are a practical and increasingly required modality of providing mental health assistance to young adults in rural communities. The findings align with a growing body of literature that does not see digital health technologies as a simple addition to in-person care but as a main avenue through which young adults would receive mental health care in most rural settings (Langarizadeh et al., 2017). All the studies included shedding light on a different aspect of tele-mental health delivery, and when combined, they showcase a landscape with a promise of both enormous potential and ongoing challenges.

The meta-analytic results presented by Fischer-Grote et al. (2024) are also quite interesting since they show that the effect sizes of depression are large, whereas those of anxiety and social functioning are medium. The findings align with previous systematic reviews which have identified that digital CBT, mindfulness-based interventions and videoconferencing therapy help to achieve results that are largely similar to those of face-to-face care (Shore et al., 2018). The fact that these effects were found in various technological forms such as chatbots and mobile applications and within organized online courses indicate that the therapeutic benefit might not be in the platform itself but in the predictability of the therapeutic interaction and the minimization of entry barriers. This finding is like the Technology Acceptance Model, where perceived utility of an intervention determines the engagement and subsequently the outcomes (Davis, 1989).

These quantitative results are critically contextualized by the qualitative results of Blattert et al. (2022) and Bowman et al. (2020). Blattert et al. (2022) discovered that young adults living in rural areas of Germany and Switzerland and at risk of suicide were more willing to use low-threshold, anonymous, and smartphone-accessible online mental health services. This choice is an indication of the unique psychosocial stressors of rural young people such as the increased stigmatization of seeking mental health care, the lack of community-based solutions, and the lack of access to professional contacts (Gulliver et al., 2010). The focus on peer-mediated content in acceptable e-mental health solutions is significant, indicating the need not only to be professionally intervened but also to have forms of digital intervention embedded into the community and identity-affirming. This is in line with Diffusion of innovations Theory, which hypothesizes that innovations that are seen to be in line with the community norms and values are easily adopted (Rogers, 2003).

Bowman et al. (2020) also added to this knowledge by making rural LGBT young adults in Australia the center of the research on whose mental health needs are increased due to both geographic and social isolation. The observation that online mental health care facilitated a feeling of privacy and lessened isolation among this cohort is in line with the existing evidence regarding the protective impact of online social networks on LGBT youth (Craig & McInroy, 2014). Nevertheless, the paper also pointed out that the availability of online services does not necessarily equate to equitable

access: low internet connectivity, inability to navigate existing services, and lack of awareness about existing resources were also critical challenges. These obstacles have systemic infrastructural shortcomings that cannot be ameliorated by technology and must be dealt with by policy intervention.

Herbert (2022) provided quantitative data indicating the tele-mental health counselling to be linked to significantly reduced maladaptive coping strategies in young adults, which could be applied to clinical and community mental health. Avoidance, substance use, and rumination are examples of maladaptive coping that are a known predictor of mental health decline in the long term (Aldao et al., 2010). The fact that the participants in tele-mental health had much lower maladaptive coping as compared to non-counselled participants and no difference between them and face-to-face participants, adds additional credence to the argument of therapeutic equivalence and the usefulness of digital service delivery to young adults who cannot receive care in-person. Notably, Herbert (2022) discovered no noticeable marks in terms of demographical traits in the tele-mental health group, indicating that the advantages of digital counselling could be widely shared by gender and ethnicity- a promising aspect of service design based on equity.

A similar viewpoint was presented by Harris (2024), who investigated the attitudinal obstacles to telemental health uptake, which revealed that beliefs regarding therapist competence and symptoms normalization of depression were the most influential predictors of negative attitudes. The implication of this finding on the campaign of communication of public health and digital mental health literacy is direct. Unless young adults perceive their distress as something requiring professional help, or they lack confidence in the ability of online therapists, they will not turn to the offered services no matter how much they can be accessible to. This explains the significance of both-prong solutions that can both widen digital space and provide psychoeducational shortcomings by engaging the community (Gulliver et al., 2010).

The care navigation model discussed by Fisher et al. (2024) is a novel structural answer to the issue of tele-mental health usage in rural populations. The Isaac Navicare program showed that a trusted local navigator could have a significant positive effect on willingness to use the telehealth services- even in the face of clients who said they preferred face-to-face care. This observation is in line with the implementation of science models that underscore the importance of human facilitation in overcoming structural and attitudinal obstacles to adoption of innovations (Fixsen et al., 2005). The success of the program also demonstrates the interdependence between social trust and technology adoption: within the communities where digital health tools can be viewed as depersonalized or culturally alien, the relationship work of a care navigator can play a key role as a critical bridge. This especially applies to Indigenous and remote populations, where the trust towards health systems might be impaired in the past.

In all six studies the common themes of anonymity, stigma, connectivity, and trust were identified as key determinants of tele-mental health engagement. These themes align with the rest of the literature on rural mental health help-seeking, in which fear of social exposure and mistrust of external systems frequently discourages people from seeking care. The ability of the digital medium to provide anonymity and a lack of geographic dependency therefore forms one of its greatest therapeutic resources in rural settings, and its reliance on a stable internet connection and digital literacy forms one of its greatest equity risks.

4.1 Implications

Investment in broadband infrastructure in rural settings is a pre-condition that policymakers should make a priority to deliver equitable tele-mental health services. The locally integrated care navigation services should be funded through funding models as demonstrated in the Isaac Navicare model to enable the uptake of technology within communities that have had a low service uptake in the past. Tele-mental health should be explicitly acknowledged as a primary, and not a secondary, form of care to the rural sector in mental health policies. The design of low-threshold, anonymity preserving, and culturally responsive tele-mental health services that resonate with the interests of rural young adults should be prioritized by clinicians and digital health developers. Digital-based therapeutic modalities (especially CBT and mindfulness-based therapies) should be integrated into routine care pathways of rural youth. Telehealth competencies must be part of the rural health worker training programs. Longitudinal assessments of tele-mental health interventions, research in rural low- and middle-income environments, and co-designing interventions with rural youth groups need to be a priority in future research. Research should also be conducted on the sustainability of digital mental health services in the long-term after pilot phases.

4.2 Limitations of the Study

This review has several limitations that must be considered when interpreting the findings. The fact that only six studies were included is a limiting factor of the scope of synthesis and might not fully reflect the range of tele-mental health practices in practice. The limited transferability of findings to other rural settings, such as in sub-Saharan Africa, South Asia, and Latin America, is due to the geographic concentration of included studies in high-income Western countries, namely, Australia, the United States, Germany, and Switzerland. The use of English-language publications could have created bias in language, leaving out other studies that were done in other languages. Moreover, the heterogeneity of

research designs, sample sizes, and outcome measures of included studies made it difficult to directly compare them, and no formal risk of bias assessment was performed as a part of this review. These restrictions imply that the results need to be seen as indicative and not conclusive.

4.3 Recommendations

As per the results of this review, governments and health authorities are advised to invest in rural broadband infrastructure as a matter of urgency as a prelude to equal delivery of tele-mental health services. Care navigation models, which incorporate the use of trusted community characters, should be integrated into healthcare systems to enhance the adoption of telehealth by reluctant or digitally unfamiliar groups. Tele-mental health platforms are supposed to be developed based on the feedback of rural young adults to ensure that they are culturally responsive, easy to use and that proper precautions are taken to protect privacy and anonymity. Attitudinal barriers to help-seeking should be addressed by specifically targeting mental health literacy among rural youth through public mental health campaigns. Lastly, the research funding organizations must focus on two-time span and multi-location studies on tele-mental health among rural populations with varied geographic and socioeconomic settings.

5 CONCLUSION

This review has synthesized evidence on six studies on the topic and has investigated the efficacy of digital modalities in preventing depression, anxiety, and maladaptive coping in young adults living in rural regions, with consistent support of the evidence. The review noted that anonymity, peer support, and care navigation were critical facilitators of engagement, whereas a lack of connectivity, stigma, and low mental health literacy were identified as persistent barriers. The findings highlight the urgent role of tele-mental health services as a tool towards narrowing the deep-rooted inequity gap in access to mental health in rural settings. Future studies must build upon this work to non-Western rural settings, use longitudinal designs, and focus on the co-designed, community-based interventions. When properly structured and culturally responsive, tele-mental health has a great potential to revolutionize the access to mental healthcare among rural youth adults.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

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