



**ADVANCING ACCESS TO MENTAL HEALTH SERVICES
THROUGH SINGLE-SESSION INTERVENTIONS**
SESSION ONE

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Meaningful transformation of mental health care requires reckoning with 3 sobering realities.

Reality 1

~80% of youth, ~50% of adults with mental health needs **do not access any support.**

Reality 2

The most common number of interactions with mental health support is **one.**

Reality 3

Supports that do exist are *reactive* (rather than *proactive*) by design and **fail to meet people in early help-seeking stages**

LAB FOR SCALABLE MENTAL HEALTH

Our Mission:

Design, test, & disseminate **brief, barrier-free interventions** to reduce mental health problems at scale

A stylized illustration in the background shows two grey human figures from behind, holding a globe of the Earth. The globe is blue and green with red lines representing a network or connections across its surface.

What are single-session interventions (SSIs)?

“specific, structured programs that **intentionally** involve just **one visit or encounter** with a clinic, provider, or program”

SSIs may be:

accessed on one *or* many occasions (“*one at a time*”—not “*one and done*”);

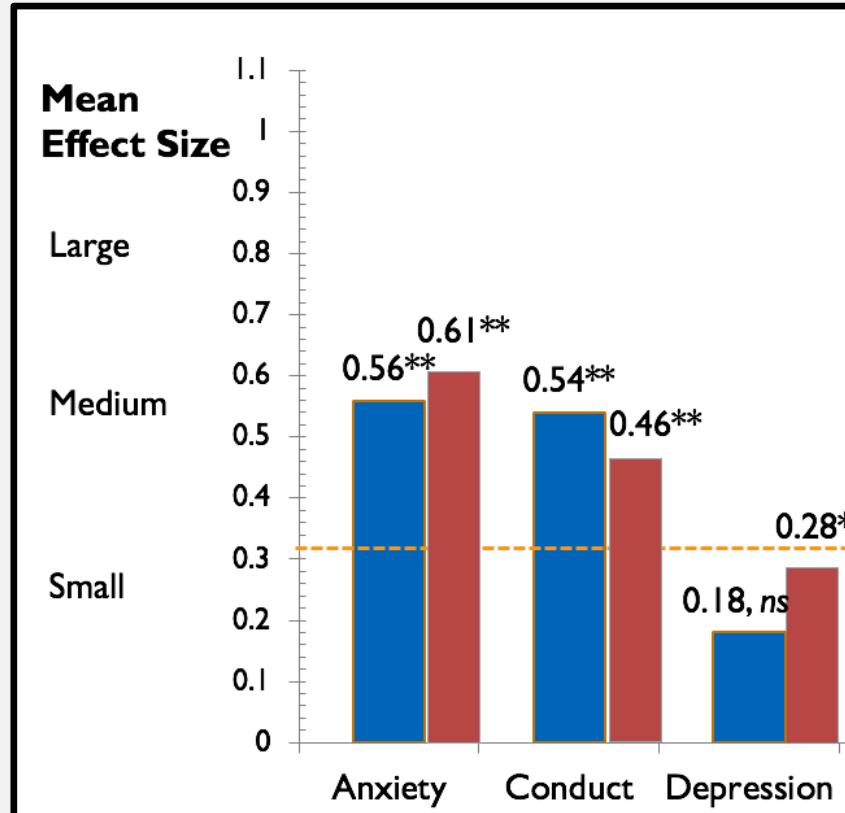
self-guided or *human-facilitated*;

adjunctive or *standalone* supports;

and accessed *within* or *outside* of formal healthcare settings

In all cases, SSIs **drop the (often false) assumption** that clients will return and instill the belief that meaningful change is possible at *any* moment, for *any* person
(‘context of competence’)

SINGLE-SESSION APPROACHES CAN HELP



* $p < .01$, ** $p < .001$

Red bars: Meta-analytic effects, full-length youth interventions

Weisz et al, 2017, *American Psychologist*

Blue bars: Meta-analytic effects, single-session youth interventions

Schleider & Weisz, 2017, *Journal of the American Academy of Child & Adolescent Psychiatry*

SINGLE-SESSION APPROACHES CAN HELP

Annual Review of Clinical Psychology

Single-Session Interventions for Mental Health Problems and Service Engagement: Umbrella Review of Systematic Reviews and Meta-Analyses

Jessica L. Schleider,¹ Juan Pablo Zapata,¹
Andy Rapoport,¹ Annie Wescott,² Arka Ghosh,¹
Benji Kaveladze,¹ Erica Szkody,¹ and Isaac L. Ahuvia³

¹Department of Medical Social Sciences, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA; email: jessica.schleider@northwestern.edu

²Galter Health Sciences Library, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

³Department of Psychology, Stony Brook University, Stony Brook, New York, USA

We use “**single-session intervention**” as an **umbrella term** including:

-Single session **therapy** (one-at-a-time drop-in or by-appointment SST, delivered by a trained therapist) – may be in person or telehealth

-Single-session **consultation/peer support** (delivered by lay providers) – may be in person or telehealth

-Single-session **self-guided, digital programs** (self-administered, no provider required, delivered online)

-**Any intentional experience** designed to elicit positive change in mental health or motivation for help-seeking within one encounter

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³Department of Psychology, Stony Brook University, Stony Brook, New York, USA

**24 systematic reviews; 415 clinical trials;
>50K+ participants**

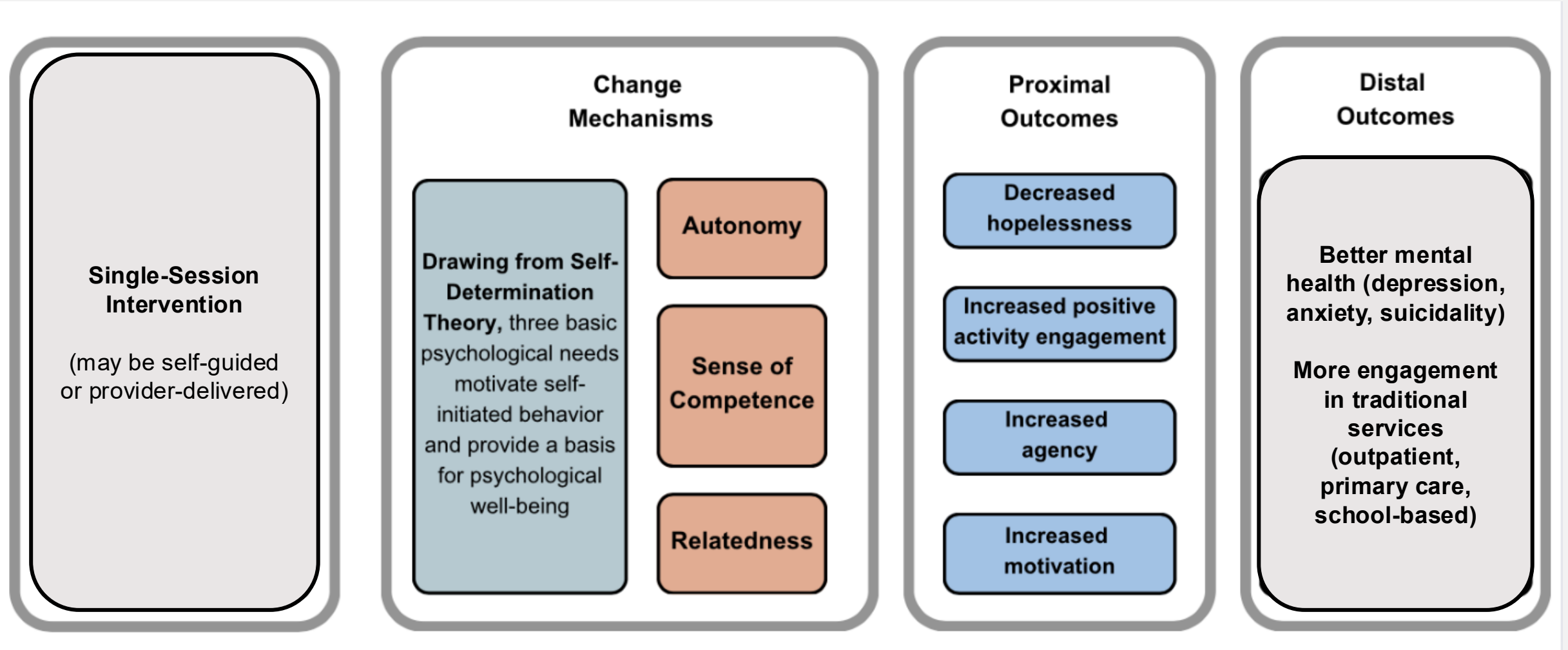
Overall SSI benefits reported in **20 of 24** reviews, for both
mental health outcomes and *service use outcomes*

When directly compared to multi-session therapies, **multi-session therapies outperformed SSIs**
in only 1 of 4 meta-analyses

Overall SSI effect, compared to controls, across 12
meta-analyses of randomized trials: **$g = -0.25$**
(95% CI -0.30, -.19), $I^2 = 43.77\%$

...compared to **$g = -0.34$** for multi-session therapies

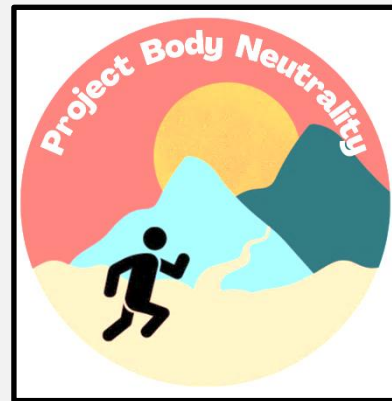
Generalizable SSI Theory of Change



Our lab's evidence-based, digital & human-delivered SSIs have now served **>150,000** youth, adults, & caregivers

25,000+ via grant-funded RCTs, **125,000+** via nonprofit and community partnerships, in **10+ languages**

Most SSIs are accessible *as needed*, with or without parent involvement



Each SSI teaches a **new coping skill** & the **science behind why it works** (to build *autonomy* and *hope*); includes **peer stories of coping** and **invites youth to share their own advice** (to build *relatedness*) and yields a **personalized action plan** (to build *competence*)

Ghosh et al., accepted for publication, Clinical Psychological Science

...spurring *upward spirals* toward **better mental health** or **more help-seeking** up to 9 months later

1. Digital SSIs for teens

2. Digital SSIs for adults

3. Human-delivered SSIs for all

4. SSI scale-up & implementation (*lead-in to Session 2*)

DIGITAL SINGLE-SESSION INTERVENTIONS FOR TEENS

nature human behaviour

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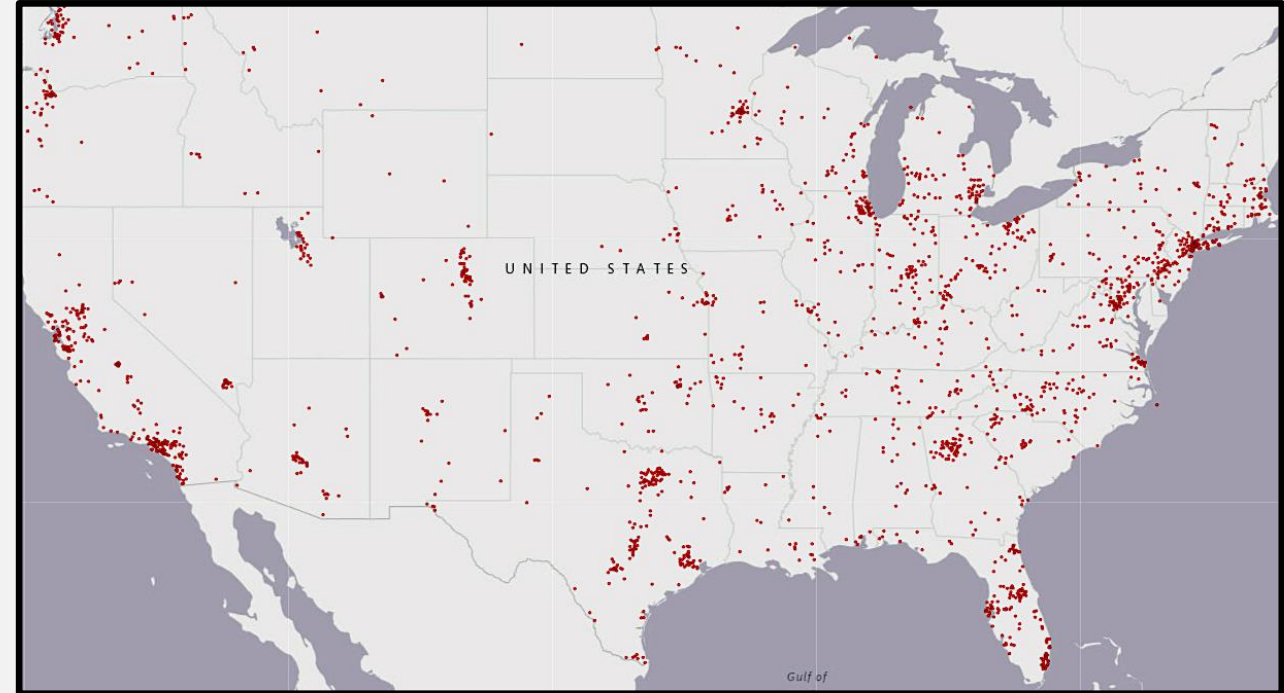
Article | Published: 09 December 2021

A randomized trial of online single-session interventions for adolescent depression during COVID-19

[Jessica L. Schleider](#) ✉, [Michael C. Mullarkey](#), [Kathryn R. Fox](#), [Mallory L. Dobias](#), [Akash Shroff](#), [Erica A. Hart](#) & [Chantelle A. Roulston](#)

Nature Human Behaviour 6, 258–268 (2022) | [Cite this article](#)

8061 Accesses | 5 Citations | 156 Altmetric | [Metrics](#)



In an NIH-funded RCT ($N = 2,452$ teens, 50% racial/ethnic minority youth), we tested whether two online SSIs (one teaching *growth mindset*, one teaching *behavioral activation*) **reduced depression, anxiety, trauma symptoms, and restrictive eating** versus a supportive control

Funded by NIH Office of the Director & National Institute of Mental Health
COVID supplement to grant NIH Early Independence Award, DP5OD028123, PI J. Schleider

DIGITAL SINGLE-SESSION INTERVENTIONS FOR TEENS

Brain Science to boost buy-in

12:29

By acting differently, you can build **new connections** between neurons in your brain.



When neurons form new connections, people can learn to cope with life's challenges in better ways.

And so, people aren't stuck being 'sad' or 'shy'; neurons can always form new connections over time. **Everyone's brain is a work in progress.**

Peer stories to strengthen relatedness

12:29



"Last school year started out hard for me. I felt really low-energy and down. I stopped hanging out with other kids, and just stayed at home most afternoons. My grades got worse, too. Somehow, I stopped doing all the things that made me *me*. I felt sad and frustrated, and really lonely, too. I decided something had to change.

Action Plan to streamline skill use

12:29

Your final **action plan** is:

You will connect with **sister, Katy** by **going on a walk** and **watching a movie together** around **Evening, before bed**

To do something just for yourself, you will **write in journal or diary**

If you have your **roadblock** thought, **'I can't do this alone,'** then you can ask **mom** for help or support

And you can be a good friend to yourself by saying, **"I've done hard things before, I can do this too"**

Share advice to solidify learning

12:29

Now, we need your help.



We need your help to teach other students like you that even when they have problems in school or with friends, they should remember that it won't last forever—**because people can change.**

CONTROL: 'SHARING FEELINGS' PROJECT

- Control for **non-specific aspects** of online SSI
- Aims to normalize and encourage **sharing feelings** with close others
 - Resembles advice kids often receive
 - Face-valid; doesn't "give away" intervention condition
- No mention of malleability of personal traits or abilities; no action plan
- No opportunity to give advice to others

EFFECTS ON HOPELESSNESS & AGENCY (IMMEDIATE POST-INTERVENTION)

Outcome	Cohen's <i>d</i> [95% CI]
	Baseline to post-intervention
Hopelessness (ABC vs. Placebo)	<u>.26 [0.16, 0.36]</u> , $p_{\text{adj}} < 0.001$
Hopelessness (Personality vs. Placebo)	<u>.28 [0.18, 0.38]</u> , $p_{\text{adj}} < 0.001$
Perceived Agency (ABC vs. Placebo)	<u>.31 [0.21, 0.40]</u> , $p_{\text{adj}} < 0.001$
Perceived Agency (Personality vs. Placebo)	<u>.15 [0.08, 0.28]</u> , $p_{\text{adj}} < 0.001$

Project **ABC** = Behavioral Activation SSI
Project **Personality** = Growth Mindset SSI

EFFECTS ON CLINICAL OUTCOMES (3 MONTHS)

Neither **acceptability** nor **effectiveness** differed by demographic factors (McDanal et al, 2025, *Clinical Psychological Science*)

Outcome	Cohen's <i>d</i> [95% CI]
	Baseline to 3 months
Depression symptoms (ABC vs. Placebo)	.18 [0.08, 0.28], $p_{\text{adj}} < 0.001$
Depression symptoms (Personality vs. Placebo)	.18 [0.08, 0.27], $p_{\text{adj}} < 0.001$
Anxiety symptoms (ABC vs. Placebo)	.02 [-0.08, 0.12], $p = 0.72$
Anxiety symptoms (Personality vs. Placebo)	.10 [.006, .20], $p = 0.038$
COVID-related trauma (ABC vs. Placebo)	.10 [-.001, .19], $p = 0.057$
COVID-related trauma (Personality vs. Placebo)	.10 [.006, .20], $p = 0.037$
Restrictive eating (ABC vs. Placebo)	.15 [.06, .25], $p = 0.002$
Restrictive eating (Personality vs. Placebo)	.10 [.002, .20], $p = 0.044$

Project **ABC** = Behavioral Activation SSI
 Project **Personality** = Growth Mindset SSI

Do online SSIs for depression work better for **certain groups** than others?

nature human behaviour

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nature > nature human behaviour > articles > article

Article | Published: 09 December 2021

A randomized trial of online single-session interventions for adolescent depression

Jessica L. Schleider, Hart & Chantelle A. Roul, Nature Human Behaviour, 8061 Accesses | 5 Citations

JMIR MENTAL HEALTH

Original Paper

Acceptability and Utility of an Intervention Platform

Jessica Lee Schleider, PhD; Mallory Dobias, BSc; Jenna Sung, BA; Emma Mumper, BA

The Journal of Child Psychology and Psychiatry

Journal of Child Psychology and Psychiatry 59:2 (2018), pp 160–170

ACAMH The Association for Child and Adolescent Mental Health

Original Article

Evaluating a treatment selection approach for online single-session interventions for adolescent depression

Isaac L. Ahuvia, Michael C. Mullarkey, Jenna Y. Sung, Kathryn R. Fox, Jessica L. Schleider

First published: 14 May 2023 | <https://doi.org/10.1111/jcpp.13822>

Journal of Clinical Child & Adolescent Psychology, 0(0), 1–13, 2019

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ISSN: 1537-4416 print/1537-4424 online

DOI: <https://doi.org/10.1080/15374416.2019.1622123>

Routledge Taylor & Francis Group

Check for updates

Randomized Trial of a Single-Session Growth Mind-Set Intervention for Rural Adolescents' Internalizing and Externalizing Problems

Jessica L. Schleider, Department of Psychology, Stony Brook University, Joni L. Burnett and Laura Widman

Single-Session Interventions Embedded Within Acceptability, Feasibility, and Utility Study

Robert R Morris, Jessica L Schleider

Other things that haven't influenced SSI response:

Baseline symptom severity

Presence of SITBs

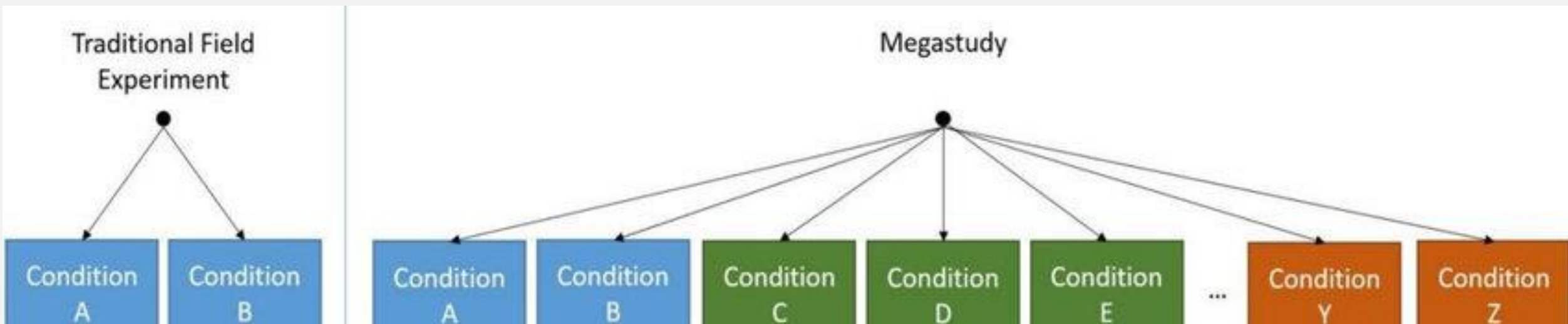
History of adverse childhood experiences

Receipt of concurrent treatment (meds, therapy, or both)

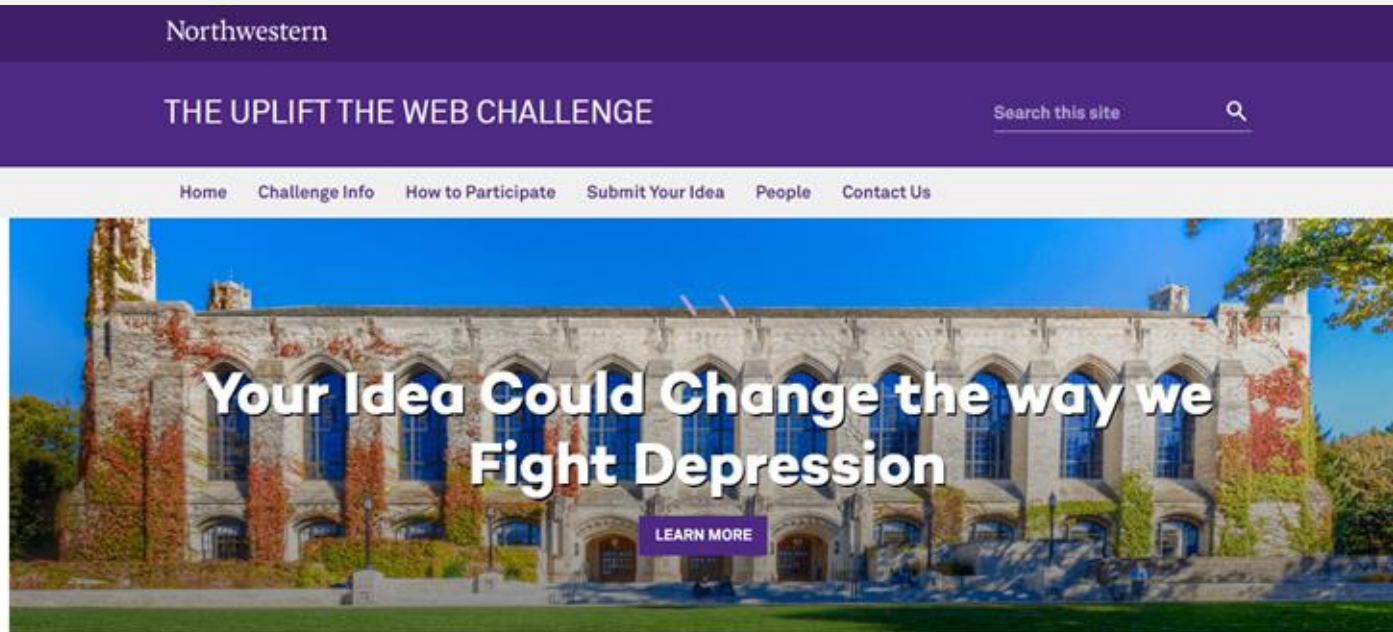
DIGITAL SINGLE-SESSION INTERVENTIONS FOR (YOUNG) ADULTS: A CROWDSOURCED MEGASTUDY OF DEPRESSION SSI'S

KAVELADZE ET AL., IN PRESS, NATURE HUMAN BEHAVIOUR

- **Megastudy:** An experiment comparing many interventions at once
- This was the first megastudy of mental health interventions!



STEP I: CROWDSOURCE SINGLE-SESSION INTERVENTIONS



Fighting global depression with collaboration, cooperation, and crowdsourcing



What is the Uplift the Web Challenge?

The challenge's purpose is to find and evaluate short, scalable ideas to help people who struggle with depression.

LEARN MORE

Jessica Schleider, PhD
@JSchleiderPhD

I am so excited to announce that The UPLIFT THE WEB Challenge is open for submissions, NOW until May 1, 2024!

This is a massive team science project to identify the most effective brief (< 10 minute) online interventions for depression

See sites.northwestern.edu/10minutechallenge... for info

Uplift the Web Challenge

Contribute your idea to the **first ever megastudy** of depression interventions!

- How to enter: Submit a <10 minute online intervention to empower people to overcome depression
- Why enter?: Test your intervention in a large, rigorous experiment; Authorship and awards for successful ideas

ANYONE CAN SUBMIT! **SUBMISSIONS DUE MAY 1, 2024**

Learn More & Submit Idea(s): sites.northwestern.edu/10minutechallenge

Schedule a call with an organizer: calendly.com/uplift-the-web Any questions? uplift.the.web@gmail.com

SUBMISSIONS DUE: MAY 1, 2024

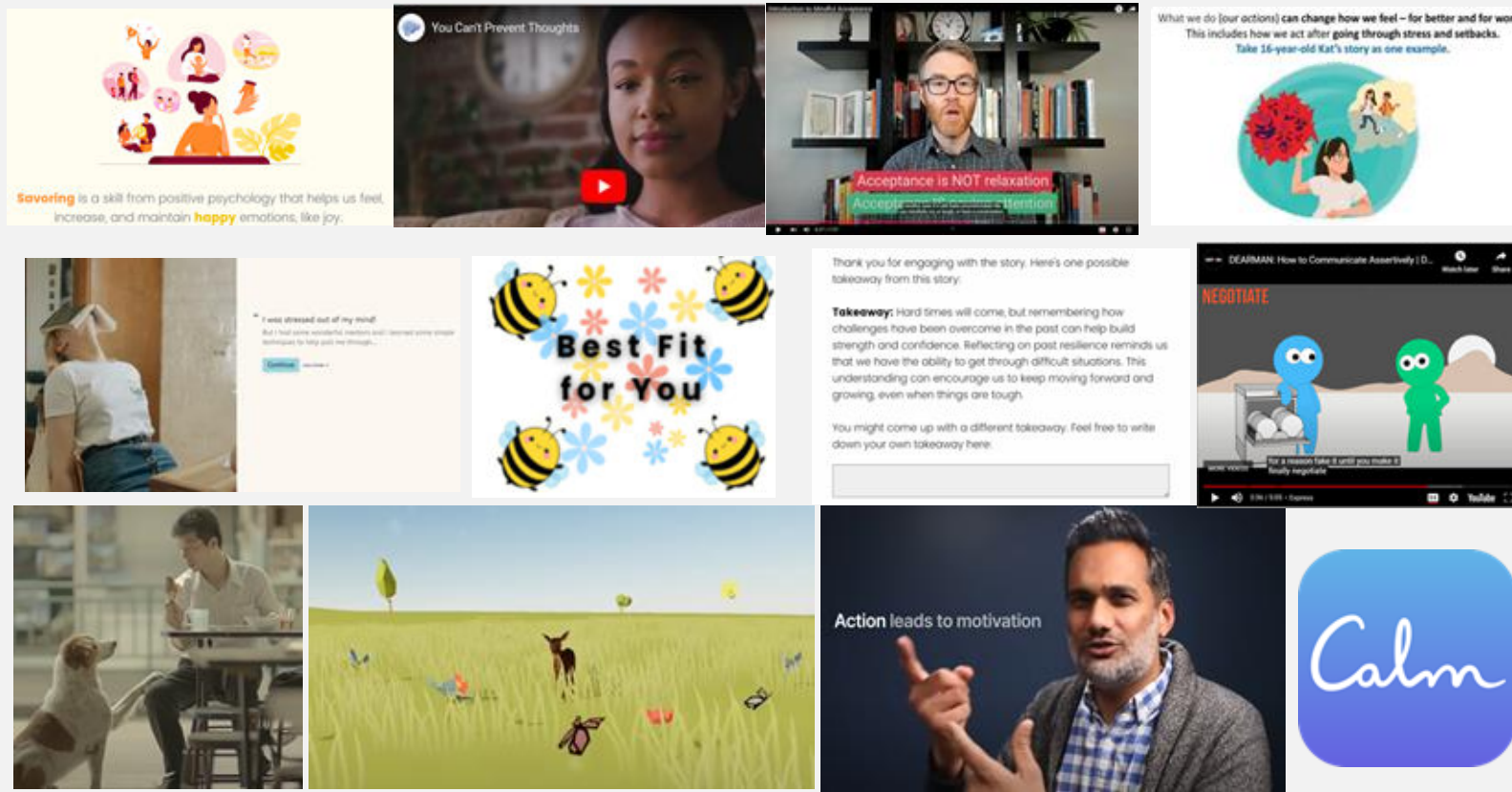
Stanford University, Northwestern University, and other partner logos.

9:38 AM · Mar 7, 2024 · 37.3K Views

8 comments, 70 shares, 131 likes, 40 bookmarks

STEP 2: SELECT THE MOST PROMISING SSI'S

- We received 66 SSIs from teams spanning 5 continents and 112 contributors
- Three rounds of expert review + pilot testing to arrive at a final 11 SSIs
- Want to try them? https://bit.ly/ssi_top10



STEP 2: MEGASTUDY EXPERIMENT



Savoring is a skill from positive psychology that helps us feel, increase, and maintain happy emotions, like joy.



"I was stressed out of my mind! But I had some wonderful mentors and I learned some simple techniques to help pull me through..."



7,505 adults with elevated depressive symptoms (PHQ-9) recruited online (CR and Prolific)

Assess depression, agency, hopelessness, other change mechs.

One of the 11 selected SSIs

Active comparison condition

Passive control condition

Assess agency, hopelessness immediately

4 week follow-up (repeat all baseline assessments)

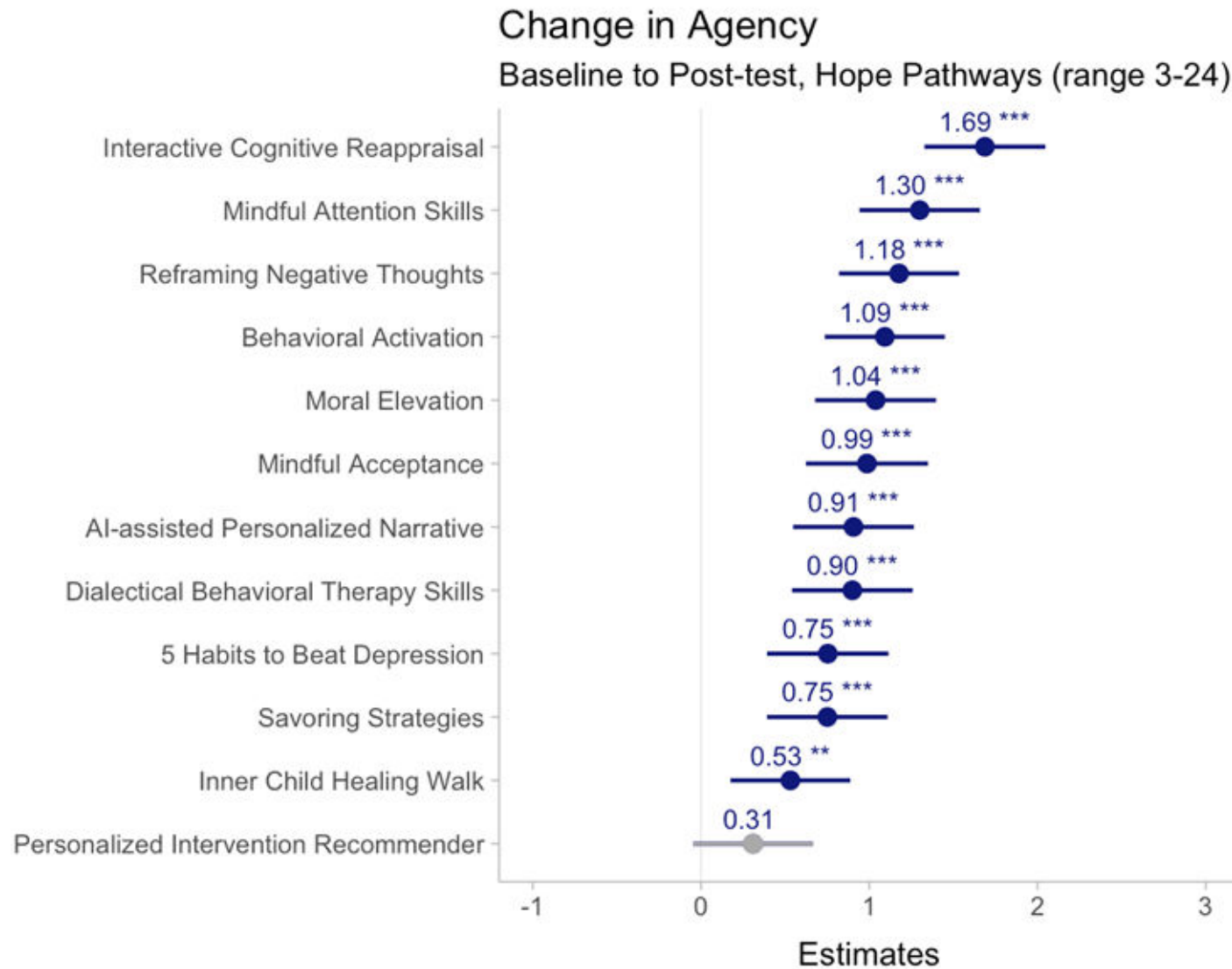
ABC Project
(Evidence-based SSI for teens)



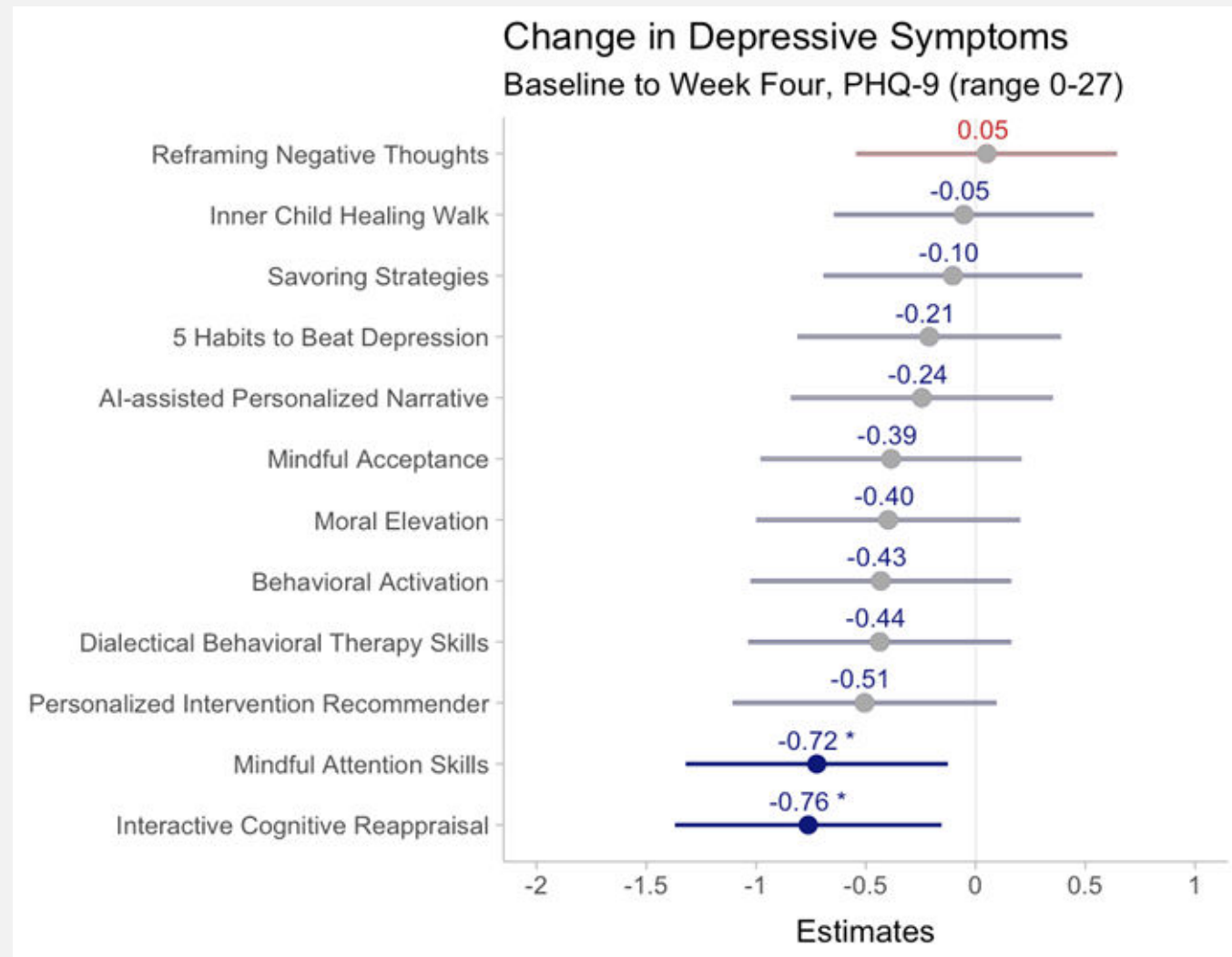
All about trout
(Interactive learning about fish)



EFFECTS ON AGENCY (IMMEDIATE POST-INTERVENTION)

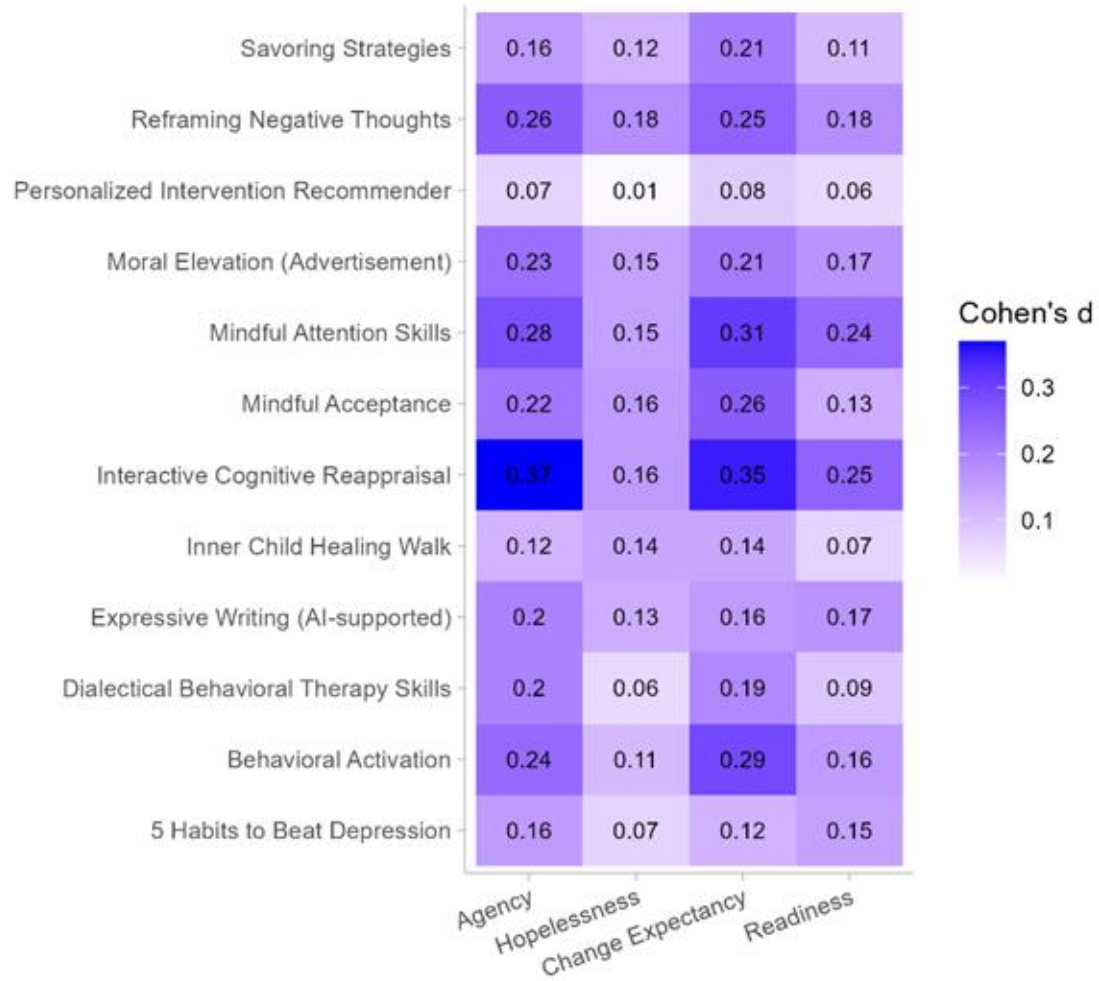


EFFECTS ON DEPRESSION (4 WEEK FOLLOW UP)



EFFECTS ACROSS ALL OUTCOMES (IMMEDIATE POST; 4 WEEKS)

Effect Sizes across Outcomes at Post-test



Hopelessness Reversed to Standardize Effect Directions

Effect Sizes across Outcomes at Week 4



Depression and Hopelessness Reversed to Standardize Effect Directions

HUMAN-DELIVERED SSI: THE SINGLE-SESSION CONSULTATION

Can a provider-delivered, problem-agnostic, Solution-Focused Brief Therapy SSI **reduce hopelessness, increase agency, and *reduce distress and keep symptoms from worsening*** in adolescents and adults?

1. Establish **shared purpose** for being here
2. Identify client's **top problem**
3. Identify client's **top hope**
4. Pose the **miracle question**
5. Create **scale** based on miracle question
6. Explore **exceptions** to the problem
7. Make an **action plan**
8. Write your client a **note of confidence**

Provider training lasts
2.5 hours

SSC itself lasts
20 – 60 minutes

Date: _____

Single-Session Consultation Service

— Action Plan —

Top reason for seeking services: _____

Top hope for today's consultation: _____

A miracle occurs overnight; while you are sleeping, your reason for seeking services has completely disappeared. When you wake up, how will you know that there has been a miracle? What will you do, think, or feel differently?

On a scale from 1 to 10, with one being the furthest from your miracle/goal and 10 being the closest to your miracle/goal, where are you right now, at this moment?



Three **steps** to getting one point closer to a 10:

1. _____
 a. **When** can I do this? _____
 b. **Where** can I do this? _____
2. _____
 a. **When** can I do this? _____
 b. **Where** can I do this? _____
3. _____
 a. **When** can I do this? _____
 b. **Where** can I do this? _____

Two **people** who can help me take these steps:

1. _____
2. _____

Date: _____

Following action plans can be challenging for anyone. What is it **within you** that might hold you back from taking your three steps? This could be an emotion, a belief, a bad habit, or anything else **within you**.

Take a moment to think if you need it!

So—what is your main **inner obstacle**?

Now: What can you do to overcome your inner obstacle? What would be **one** effective *action* you can take or *thought* you can think to overcome your obstacle?

Name your **action** or **thought** to overcome your inner obstacle:

So, your plan is:

<p>If _____,</p> <p>then I will _____.</p>
--

* * * * *

Notes from your consultation clinician

HUMAN-DELIVERED SSI: THE SINGLE-SESSION CONSULTATION

Face-to-face delivery

ORIGINAL RESEARCH

Open Pilot Trial of a Single-Session Consultation Service for Clients on Psychotherapy Wait-Lists

Jessica L. Schleider, Jenna Y. Sung, Amanda Bianco, Adam Gonzalez, Dina Vivian, and Michael C. Mullarkey, *Stony Brook University*

Telehealth delivery



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



The Community for
Psychologists
Independent Practice

Practice Innovations

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ISSN: 2377-889X

<https://doi.org/10.1037/pri0000207>

Evaluating a Telehealth Single-Session Consultation Service for Clients on Psychotherapy Wait-Lists

Jenna Y. Sung¹, Matteo Bugatti², Dina Vivian¹, and Jessica L. Schleider¹
¹Department of Psychology, Stony Brook University
²Department of Counseling Psychology, University of Denver

Peer specialist delivery in Uganda

NOTE: This is a preprint of a manuscript currently under peer review (submission date: 11/04/2024).

Open Pilot Trial of a Single Session Consultation Service for Clients at StrongMinds Uganda

Rosco Kasujja,^{1,2} Ian Sotomayor,³ Peter Birungi,¹ Morris Ndeezi,² Erica Szkody,³ Jessica L. Schleider^{3,*}

¹StrongMinds Uganda

²Department of Mental Health, Makerere University, Kampala, Uganda

³Department of Medical Social Sciences, Feinberg School of Medicine, Northwestern University

For High-Stress Parents of Young Children

Journal of Child and Family Studies (2026) 35:891–904
<https://doi.org/10.1007/s10826-026-03285-2>

ORIGINAL PAPER

Preliminary Outcomes of a Telehealth-Delivered Solution Focused Brief Therapy-Single-Session Consultation for Highly Stressed Parents

Zuania Capó¹ · Nicole Lui¹ · Jiayue Mao¹ · Jessica L. Schleider² · Kailee Kodama Muscente¹ · Anil Chacko¹

Received: 13 February 2025 / Accepted: 25 February 2026 / Published online: 21 March 2026
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HUMAN-DELIVERED SSI: THE SINGLE-SESSION CONSULTATION



Providing **‘train the trainer’ support** and testing **feasibility, implementation outcomes,** and **pathways to reimbursement and sustainment** for the SSC

(examples: telehealth-delivered SSI for people on waiting lists; youth in schools; in college counseling centers; as an employee assistance program offering; as ad-hoc crisis intervention)

Session 2 will detail our 2-year project evaluating the SSC across public clinics in PA

HUMAN-DELIVERED SSI: THE SINGLE-SESSION CONSULTATION

APA PsycNet[®]



Provider hesitancy toward single-session interventions for mental health problems: Malleability and implications for adoption in routine care settings.

Citation

Sung, J. Y., Sotomayor, I., Szkody, E., & Schleider, J. L. (2025). Provider hesitancy toward single-session interventions for mental health problems: Malleability and implications for adoption in routine care settings. *Clinical Psychology: Science and Practice*. Advance online publication.

<https://doi.org/10.1037/cps0000274>

Across 412 licensed and lay providers, our **1.5 hour SSC training** led to **significant increases** in *expected acceptability* and *effectiveness* of single-session interventions

Provider attitudes towards SSIs are a **modifiable barrier** to implementation

We've now delivered this training to >800 providers within and beyond the United States!

HOW DO WE (START TO) IMPLEMENT AT SCALE?

Our nonprofit, government, and industry partners include:



HOW DO WE (START TO) IMPLEMENT AT SCALE?

DIGITAL SSI: PROJECT YES (YOUTH EMPOWERMENT & SUPPORT)

Click here for English

Klike la pou Kreyòl

Türkçe için buraya tıklayın

Haz clic aquí para Español

انقر هنا للغة العربية

Wersja Polska - Kliknij Tutaj

Натисніть тут для вибору української мови

Welcome to Project YES!

Youth Empowerment & Support



Learn about your
power to change in
ways that matter.



Learn to be
kind to yourself
and why it matters.



Learn how to
take action and
manage your mood.



Build strength in the face
of minority stress
[LGBTQ+ focused]

Click **HERE** to start Project YES!
free, anonymous mental health tools for teens

Project YES has 3 steps:

1) CHOOSE AN ACTIVITY.

Pick any of four 20-minute online activities.

2) TELL US WHAT YOU THINK.

Before and after each activity, we'll ask you some questions about your mood, your thoughts, and what you thought of the activity.

3) SHARE YOUR ADVICE.

Share your best advice for other kids and teens who may be struggling—and see it **posted on this page** for others to learn from.

HOW DO WE (START TO) IMPLEMENT AT SCALE?



Acceptability and Utility of an Open-Access, Online Single-Session Intervention Platform for Adolescent Mental Health

Jessica Lee Schleider ¹ ; Mallory Dobias ¹ ; Jenna Sung ¹ ; Emma Mumper ¹ ; Michael C Mullarkey ¹

Referring Adolescent Primary Care Patients to Single-Session Interventions for Anxiety and Depression: Protocol for a Feasibility Study

Mara Eyllon ¹, Michelle Dalal ^{2 3}, Laura Jans ⁴, Ian Sotomayor ⁴, Gabrielle Peloquin ¹, James Yon ⁵, Rochelle Fritz ⁵, Jessica Schleider ⁴

A Digital Single-Session Intervention Platform for Youth Mental Health: Cultural Adaptation, Evaluation, and Dissemination

Akash Shroff ¹ ; Chantelle Roulston ¹ ; Julia Fassler ¹ ; Nicole A Dierschke ² ; Jennifer San Pedro Todd ² ; Ámbar Ríos-Herrera ² ; Kristen A Plastino ² ; Jessica Lee Schleider ¹

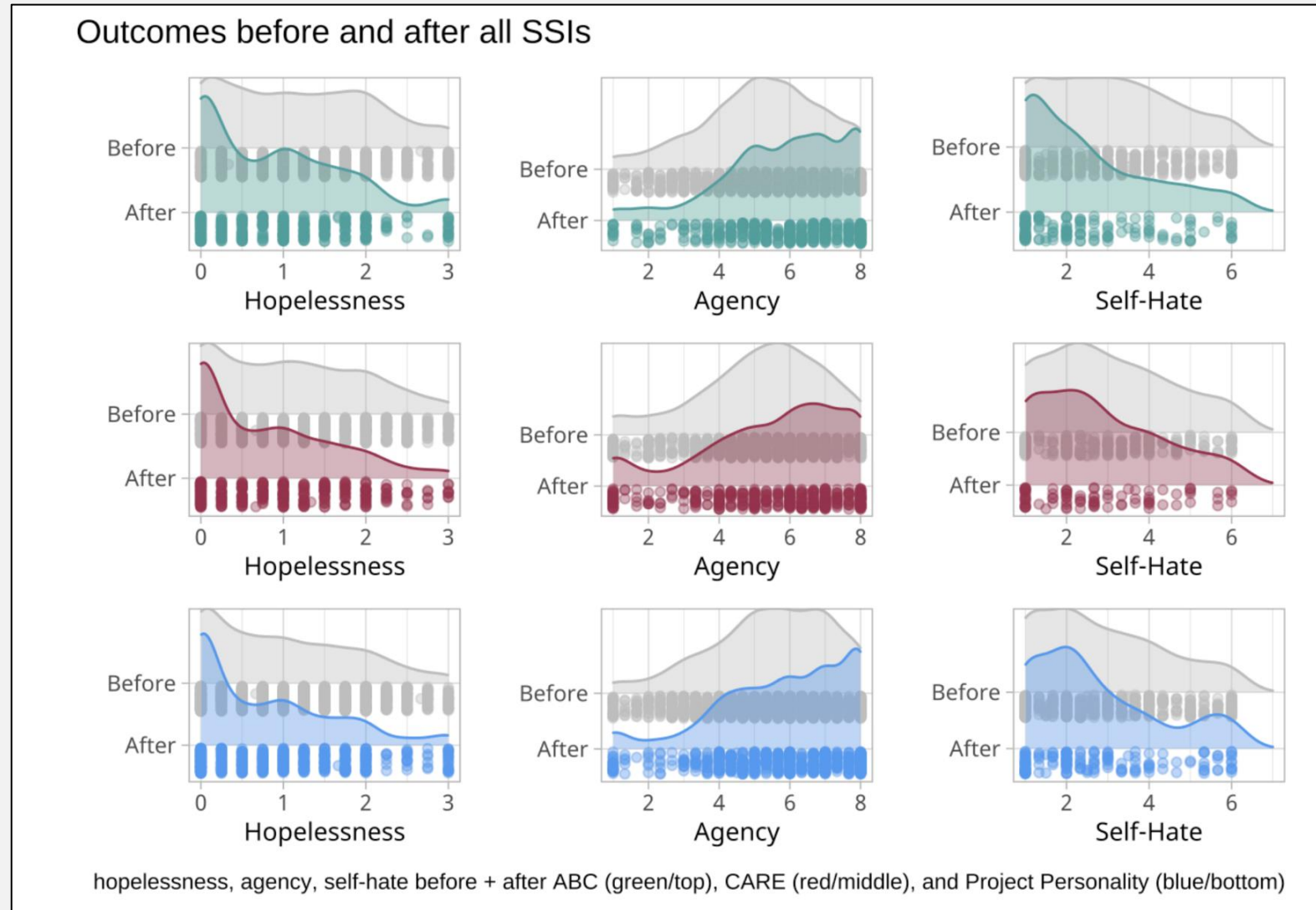
ORIGINAL ARTICLE | Open Access |

Rapid cultural adaptations for scalable dissemination of a single-session intervention among Polish and Ukrainian youth: An open pilot trial

[Ian Sotomayor](#) , [Liliya Morska](#), [Cosette Fox](#), [Piotr Mamcarz](#), [Juan Pablo Zapata](#), [Ewa Domagala-Zyśk](#), [Dorota Miszczyszyn](#), [Anna Englert-Bator](#), [Olga Palamarchuk](#), [Andrew Rambadt](#), [Jessica L. Schleider](#)

First published: 21 January 2026 | <https://doi.org/10.1111/aphw.70099> | VIEW METRICS

HOW DO WE (START TO) IMPLEMENT AT SCALE?



N > 5,500 adolescents who completed pre/post Project YES surveys

HOW DO WE (START TO) IMPLEMENT AT SCALE?

...BUT CHALLENGES REMAIN FOR IMPLEMENTATION

20-minute digital SSIs are **too long**

Shorter digital SSIs (5 mins) are **similarly effective**—but **easier to complete**—than longer ones (20 mins)

Kaveladze et al., in press, *Clinical Psychological Science*

Qualtrics is **too clunky**

Tech partners have successfully deployed our digital SSIs on social media platform via cleaner interface to **thousands of users**

Dobias et al., 2022, *JMIR Mental Health*; Cohen et al., 2023, *JCBT*

Community-partnered dissemination planning is **indispensable**

Successful YES rollouts integrated **cultural adaptation** and a **sustainable deployment plans** in partnership with local leaders

Shroff et al., 2023, *JMIR Mental Health*

Need for **seamless connection** to additional, similarly-scalable supports

Digital SSIs can **enhance uptake** of additional support—but are rarely built to streamline connection to **local resources** (vs. generic resource list)

Cohen et al., 2023, *JCBT*; Schleider et al, in prep, *JAACAP*

HOW DO WE (START TO) IMPLEMENT AT SCALE?

PROJECT YES 2.0

koko

Impact ▾

About Us ▾

Resources ▾

Partner ▾

Donate



DRIVING IMPACT TOGETHER

Partnership Spotlight:

We've partnered with the [Lab for Scalable Mental Health](#) out of Northwestern University led by Jessica L. Schleider, Ph.D. Our work brings together the best of researched single-session interventions and real world deployment to positively impact young people.

[Project YES](#), which is now being disseminated both online and in clinics, school districts, and health systems around the US, is just one example of how our collaboration together is accelerating impact.

www.tryprojectyes.org/lsmh

HOW DO WE (START TO) IMPLEMENT AT SCALE?

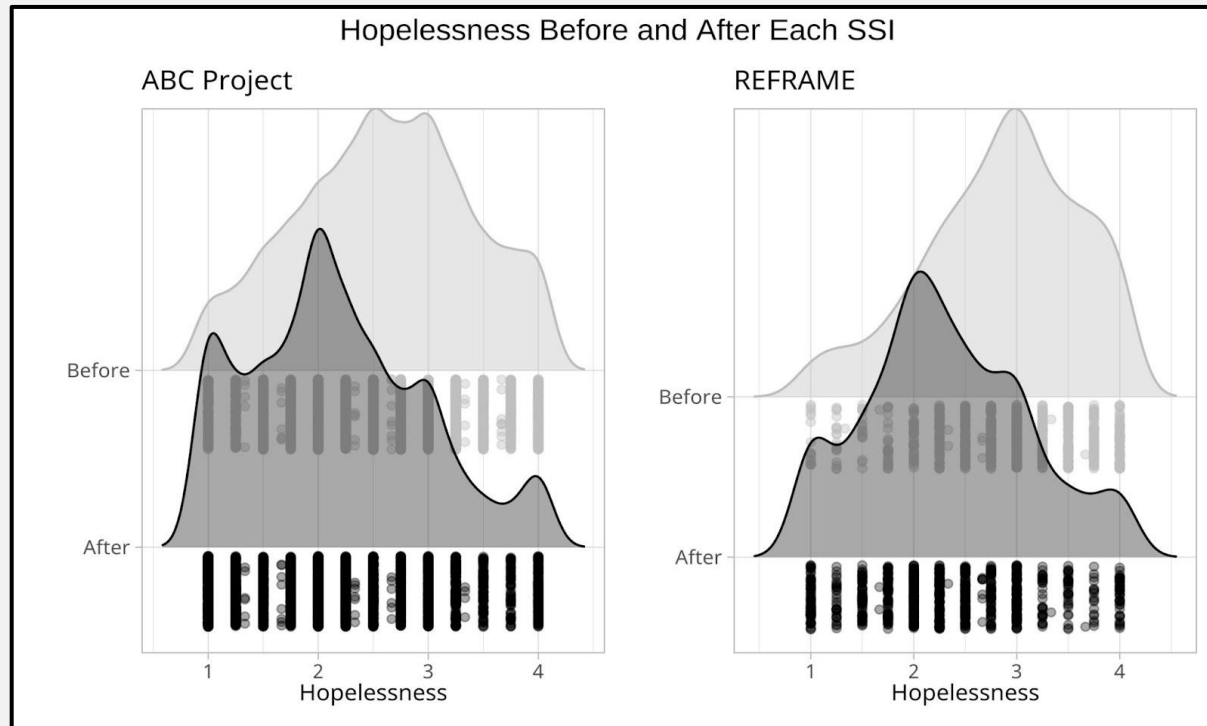
SOCIAL MEDIA INTEGRATION FOR SSI DISSEMINATION

DOBIAS, MORRIS, & SCHLEIDER, *JMIR FORMATIVE RESEARCH*, 2022

SSIs **embedded into Tumblr** as 'just-in-time' supports, based on on search patterns

SSI length was reduced from **~25 to ~6 minutes**, with core elements retained

SSIs were completed by **6,179 teens** within one year



Hopelessness reduced **at least as much** in Tumblr-based SSIs as in our RCTs

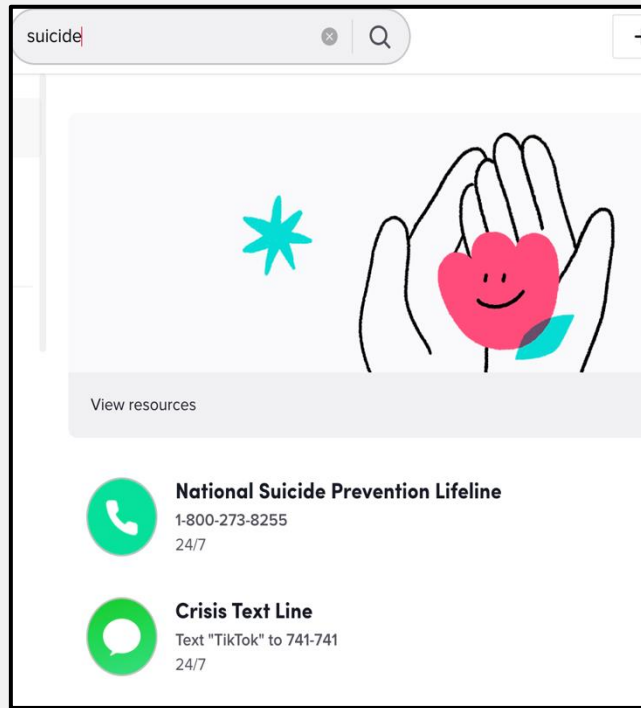
...But completion rates **increased** by up to 50% vs. prior naturalistic dissemination efforts

HOW DO WE (START TO) IMPLEMENT AT SCALE?

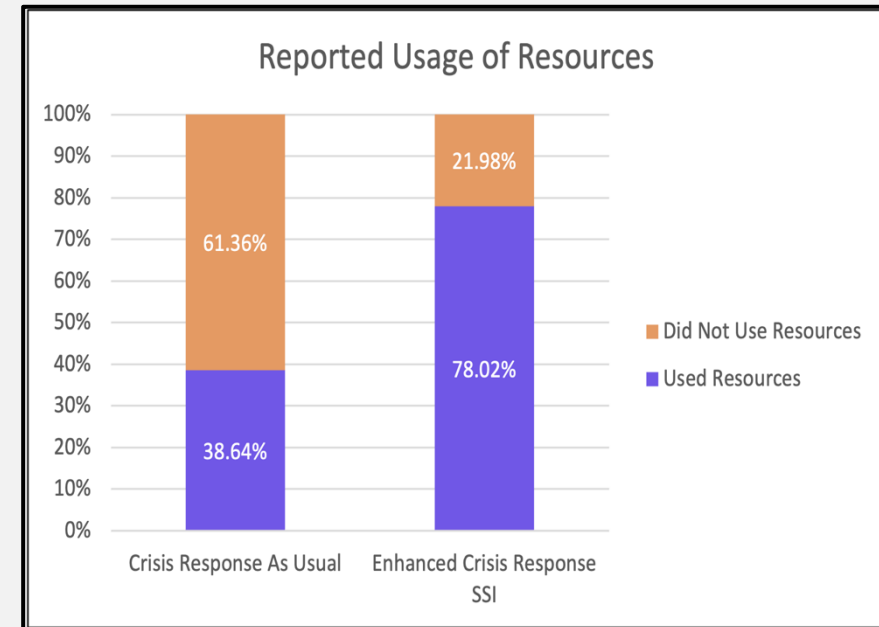
LEVERAGING AN SSI TO BOOST CRISIS RESOURCE UPTAKE

COHEN, DOBIAS, MORRIS, & SCHLEIDER, *JOURNAL OF COGNITIVE & BEHAVIORAL THERAPIES*, 2023

Social media users flagged as “**in crisis**” often receive text-lines/hotlines automatically (via AI).
But many people in crisis **don't use them**.



A one-minute SSI **doubled in-the-moment uptake** of online crisis resources, following AI-based risk detection



N = 355 young people recruited via social media platforms



[Ver en Español](#)

Project YES

Anonymous. Free. No sign up.

LAB FOR SCALABLE MENTAL HEALTH
NORTHWESTERN UNIVERSITY
DIRECTOR: JESSICA SCHLEIDER, PH.D.

Project YES is run by scientists at the [Lab for Scalable Mental Health](#).

We're working to ensure every young person has access to online services to improve their mental health. We've partnered with [Koko](#), a youth mental health nonprofit, to deliver tools teens and young adults can access immediately, anonymously, and with no cost.

Explore 5-10 min courses to help you feel better.

HOW DO WE (START TO) IMPLEMENT AT SCALE?

apoloitical Home For Partners Log in Sign up

Project YES: An Evidence-Based Digital Mental Health Platform for Youth

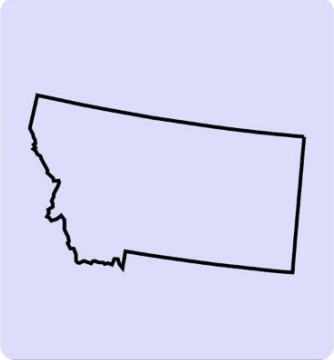
A statewide rollout of free, evidence-based digital support to overcome rural access barriers

MONTANA

In Montana, long distances and a limited mental health workforce make it difficult for young people to access timely support. [51 of the state's 56 counties are designated mental health professional shortage areas](#), creating significant access gaps.

[Project YES](#), developed by the Lab for Scalable Mental Health, provides digital single-session interventions (SSIs) as an on-demand mode of mental health support. Each session takes about 10 minutes to complete and delivers a concrete skill or strategy that youth can use immediately.


[Montana has opted to roll out Project YES at the statewide level](#), making it the first state in the United States to offer free, evidence-based digital mental health interventions to youth statewide. The program will serve as a free resource for young people across the state, without requiring appointments or travel. The work is progressing through a collaborative co-design process between Montana Pediatrics and the Lab, alongside the development of a dissemination toolkit that accounts for Montana's unique geographic challenges.



 **UT Health** Newsroom
San Antonio

Home Education Health Research Community Cam

UT Teen Health brings back Project YES to support teens' mental health



Access & Connectivity, Early Detection

The St. Joseph County Wellness Project – Single Session Intervention (SSI) Initiative

Lab for Scalable Mental Health at Northwestern University

Award Date: November 1, 2025

This grant funded:

- Co-adapting a digital single-session intervention (SSI) platform for St. Joseph County youth;
- Designing an SSI dissemination toolkit with community partners to streamline SSI scale-up
- Training 75 youth-serving providers to deliver a solution-focused SSI called Single-Session Consultation (SSC) and establish local sustainment capacity; and
- Evaluating SSIs' county-level clinical and implementation outputs over one year.

HOW DO WE (START TO) IMPLEMENT AT SCALE?

PROJECT YES 2.0 (IN CONJUNCTION WITH SINGLE-SESSION CONSULTATION)

1



Build new and improved Project YES, such that it is ready to scale in schools, primary care, online, and across states

2



Culturally adapt Project YES 2.0 and SSC components to meet the needs diverse youth

3



Co-design a Project YES and SSC dissemination toolkits for MH providers, primary care staff, & school staff

4

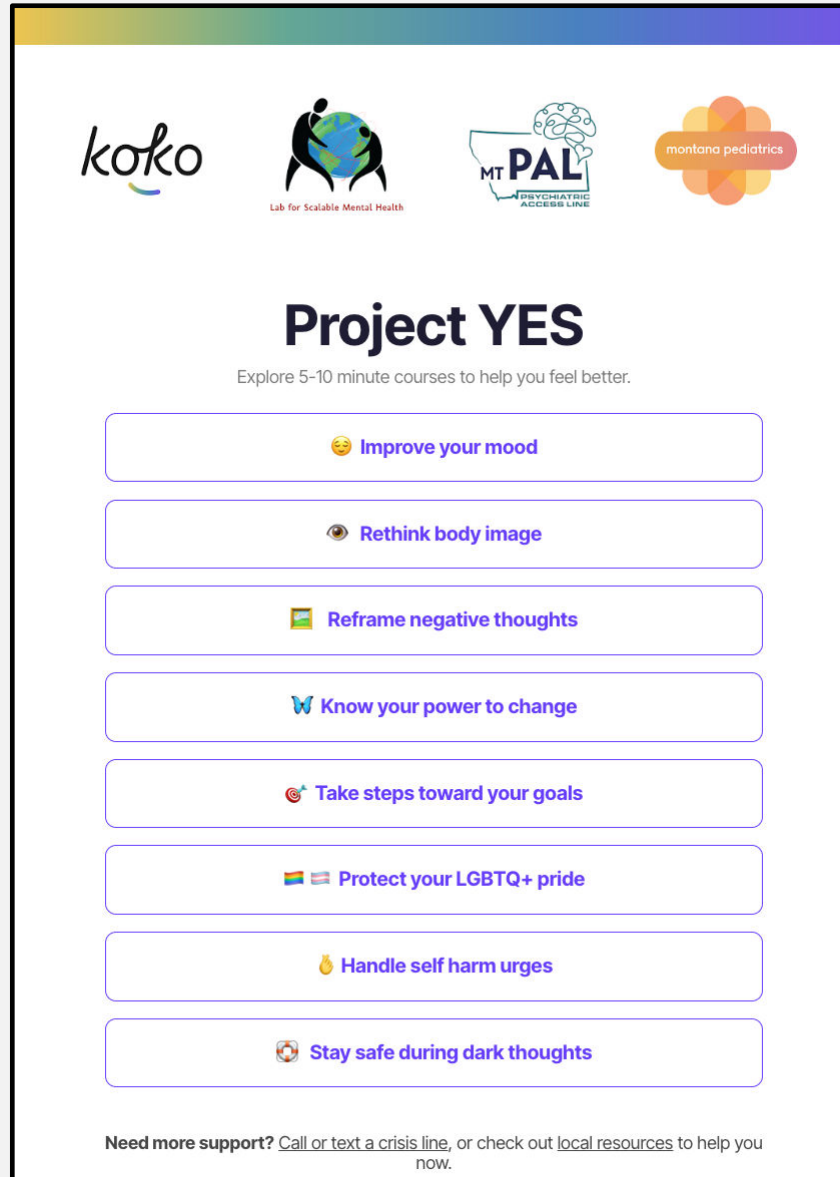
Test the impact of the dissemination toolkit on Project YES reach, acceptability, effectiveness



Funders: Koko, Twilio, Montana DPHHS/HRSA, private donors, Jacobs Foundation, St Joseph County, Valinhos Foundation, South Carolina Dept of Mental Health, UT Teen Health/UT San Antonio



PROJECT YES ROLLOUT IN MONTANA



The landing page features a header with logos for koko, Lab for Scalable Mental Health, MT PAL (Psychiatric Access Line), and montana pediatrics. Below the logos is the title "Project YES" and a subtitle "Explore 5-10 minute courses to help you feel better." A vertical list of eight course buttons is displayed, each with an icon and text: "Improve your mood" (smiley face), "Rethink body image" (eye), "Reframe negative thoughts" (notepad), "Know your power to change" (butterfly), "Take steps toward your goals" (target), "Protect your LGBTQ+ pride" (rainbow flag), "Handle self harm urges" (flame), and "Stay safe during dark thoughts" (life preserver). At the bottom, a text block provides crisis support information: "Need more support? Call or text a crisis line, or check out local resources to help you now."

koko

Lab for Scalable Mental Health

MT PAL
PSYCHIATRIC ACCESS LINE

montana pediatrics

Project YES

Explore 5-10 minute courses to help you feel better.

- 😊 Improve your mood
- 👁️ Rethink body image
- 📝 Reframe negative thoughts
- 🦋 Know your power to change
- 🎯 Take steps toward your goals
- 🏳️🌈 Protect your LGBTQ+ pride
- 🔥 Handle self harm urges
- 🛟 Stay safe during dark thoughts

Need more support? Call or text a crisis line, or check out local resources to help you now.



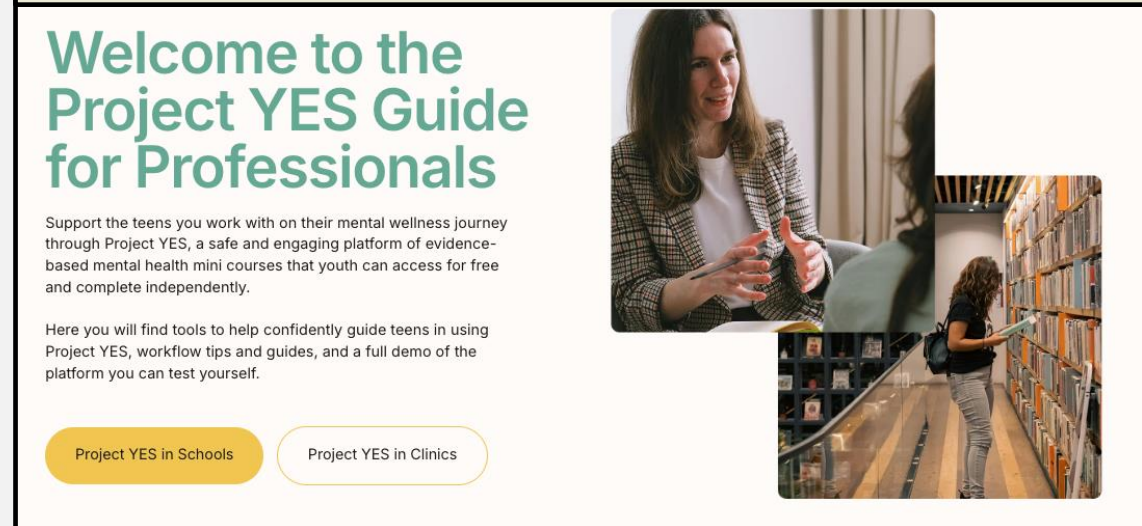
The slide features a large title "Welcome to the Project YES Guide for Parents & Caregivers" in green. To the right is a photograph of a young woman with blonde hair sitting at a desk, looking down at an open book. Below the title is a paragraph of text: "Help your teen take charge of their mental health with a free, safe, and interactive platform of evidence-based mini courses they can complete on their own." A second paragraph follows: "Here you'll find conversation starters, tips for guiding your teen, and even a demo to help you explore the platform yourself." At the bottom center is a yellow button labeled "Project YES Starter Kit".

Welcome to the Project YES Guide for Parents & Caregivers

Help your teen take charge of their mental health with a free, safe, and interactive platform of evidence-based mini courses they can complete on their own.

Here you'll find conversation starters, tips for guiding your teen, and even a demo to help you explore the platform yourself.

Project YES Starter Kit



The slide features a large title "Welcome to the Project YES Guide for Professionals" in green. To the right is a photograph of a woman in a plaid jacket talking to a young person, with an inset photo of a person in a library. Below the title is a paragraph of text: "Support the teens you work with on their mental wellness journey through Project YES, a safe and engaging platform of evidence-based mental health mini courses that youth can access for free and complete independently." A second paragraph follows: "Here you will find tools to help confidently guide teens in using Project YES, workflow tips and guides, and a full demo of the platform you can test yourself." At the bottom are two yellow buttons: "Project YES in Schools" and "Project YES in Clinics".

Welcome to the Project YES Guide for Professionals

Support the teens you work with on their mental wellness journey through Project YES, a safe and engaging platform of evidence-based mental health mini courses that youth can access for free and complete independently.

Here you will find tools to help confidently guide teens in using Project YES, workflow tips and guides, and a full demo of the platform you can test yourself.

Project YES in Schools

Project YES in Clinics

Session 2 will detail our state-funded implementation efforts across Montana



Thank you!
Questions?

Our Open-Access Digital SSIs

schleiderlab.org/yes | tryprojectyes.org/lsmh |

schleiderlab.org/empower

Single-Session Consultation Manual & Action Plan:

osf.io/xnz2t/

