The status of global digital mental health. Selected findings from a baseline survey.

Rodrigo Ramalho¹, Umberto Volpe², Wolfgang Gaebel³

¹Department of Social and Community Health, School of Population Health, University of Auckland, Auckland, New Zealand; ²Unit of Clinical Psychiatry, Università Politecnica delle Marche, Ancona, Italy; ³WHO Collaborating Centre on Quality Assurance and Empowerment in Mental Health DEU-131, LVR-Klinikum Düsseldorf - Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine University, Düsseldorf, Germany.

The World Psychiatric Association (WPA) Working Group on Digitalisation in Mental Health and Care is committed to enhancing digital mental health and care globally. To help guide future initiatives in this area, the Working Group set up a survey to draw a baseline of the extent to which digital mental health and care had been implemented and adopted globally, as well as national policies, regulations, reimbursement, guidelines, and education and training.

The survey was distributed electronically among all 145 WPA National Psychiatric Association (NPAs) members represented by the WPA regions. This was done with the support of the WPA President Prof. Afzal Javed, the Geneva Secretariat, and the 18 Zonal Representatives, who provided invaluable assistance during the project. With a response rate of 39.3%, a total of 56 responses were included in the analysis (Europe: total n=26; Asia and Australasia: total n=11; Africa and the Middle East: total n=8; the Americas: n=11) (Figure 1). Below, we present some selected findings from this analysis.

The availability of digital tools and programmes in mental health and care varied between regions (Figure 2). In Europe (76.9%) and Asia/Australasia (90.9%), Mobile Apps were the most available digital tool, followed by Telemental Health (Europe 65.4%; Asia/ Australasia 81.8%). In Africa/Middle East, Mobile Apps (75%), were followed by telemental health and guided Internet-Based Interventions (IBIS) (50% guided and unguided IBIS 72.7% in both cases).
The survey also asked NPAs about the level of use of these digital tools and programmes in their countries’ mental health care systems. Respondents used a Likert Scale from 1 (lowest level of use) to 6 (highest level of use) to report level of use. Figure 3 presents the Median score of the reported use in each of the 4 WPA Regions. Some common patterns emerged. For example, Telemental Health and Mobile Apps were two of the most used tools and programmes across all regions. Similarly, the more novel digital options (i.e., Wearables, Serious Digital Games, Virtual/Augmented Reality (VR/AR), and Chatbots) were the least commonly used tools and programmes across regions.

The survey also asked NPAs whether there were national policies available for the use of digital tools and programmes in mental health and care (Figure 4). Policies were defined as principles or courses of action proposed by an organization (in this case, at the government level) to promote, achieve or prevent specific outcomes at a regional or national level. The region with the most presence of a national policy for the use of digital mental health was Asia/Australasia (81.8%), followed by Europe (38.5%), the Americas (27.3%), and Africa/Middle East (12.5%).

The survey also collected information regarding education and training in the use of digital tools and programmes for mental health and care (Figure 5). In all regions, less than 40% of NPAs reported the provision of education and training in the use of digital tools and programmes in their countries. This education and training were mostly present in the Psychiatric Residency and Continuing Medical Education (CME) programmes for Europe (38.5% in both cases) and the Americas (27.3% in both cases). NPAs from Asia/Australasia reported a higher intensity in Medical Schools (27.3%) and CME (36.4%). NPAs from Africa/ Middle East reported a similar spread across all three levels (12.5% in all cases).
When asked which priority areas would benefit the most from further support from the WPA, different regions reported different areas of priority (Figure 6). For example, main priorities for Europe were national policies, followed by education and training, and clinical guidelines. For Asia and Australasia, the main priorities for future initiatives were education and training and clinical guidelines, followed by guidelines on privacy and safety issues. In the case of the Americas, main priorities were education and training, followed by legal regulations and guidelines on privacy and safety issues. For Africa and the Middle East, main priorities for future actions were legal regulations and education and training, followed by national policy initiatives, clinical guidelines, and guidelines on privacy and safety issues.

These selected findings from the survey provide the WPA and NPAs a roadmap with clear priorities to support the global upscaling and further development and implementation of digital mental health and care. Although the availability of digital tools and programmes varied between regions, Telemental health and Mobile Apps were two of the most used ones across regions, offering a resource that should be further utilised to address the global mental health gap. At the same time, education and training, and clinical guidelines were reported by all regions as key priorities for future initiatives led by the WPA. Based on our findings, it also seems important to strengthen education and training already in medical schools globally.

Overall, key findings from the survey are both differences and similarities among regions, in terms of availability and use of digital tools and programmes, national policies, and needs in terms of education, training, guidelines, and regulations. Looking ahead, it is vital for the WPA and their NPAs to join efforts for developing targeted actions that will meet the specific needs of each region and its countries, building on existing strengths and resources.

Outlook for further analyses and checking of the results in direct contact with the zones, NPAs, country and health representatives and stakeholders to develop a roadmap for action.