



# Digital Mental Health and Psychosocial Support (MHPSS): Challenges and Best Practices

This brochure is a summary of the report 'Digital Mental Health and Psychosocial Support – Challenges and Best Practices' prepared in March 2022 for the IFRC and the Swiss Red Cross by the authors at LSE Department of International Development. It aims at mapping digital MHPSS interventions that exist inside and outside the Movement and identifying challenges and solutions in implementing digital MHPSS.

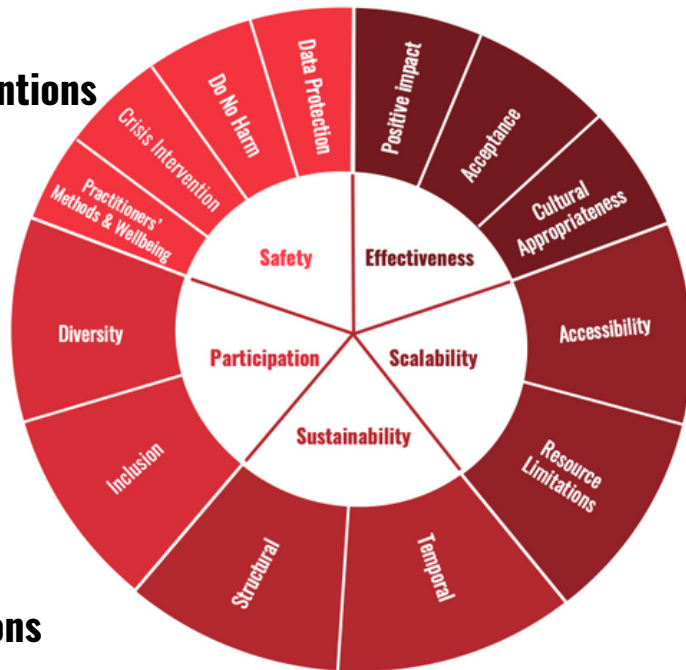
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Views expressed are solely those of the authors.

## Analytical Framework for Digital MHPSS Interventions

This original analytical framework was designed to assess practices and guide corresponding recommendations. 5 key dimensions were established:

Safety, Effectiveness, Scalability, Sustainability, and Participation

Each dimension consists of several facets which highlight key determinants of the success of digital interventions (Authors' own production).



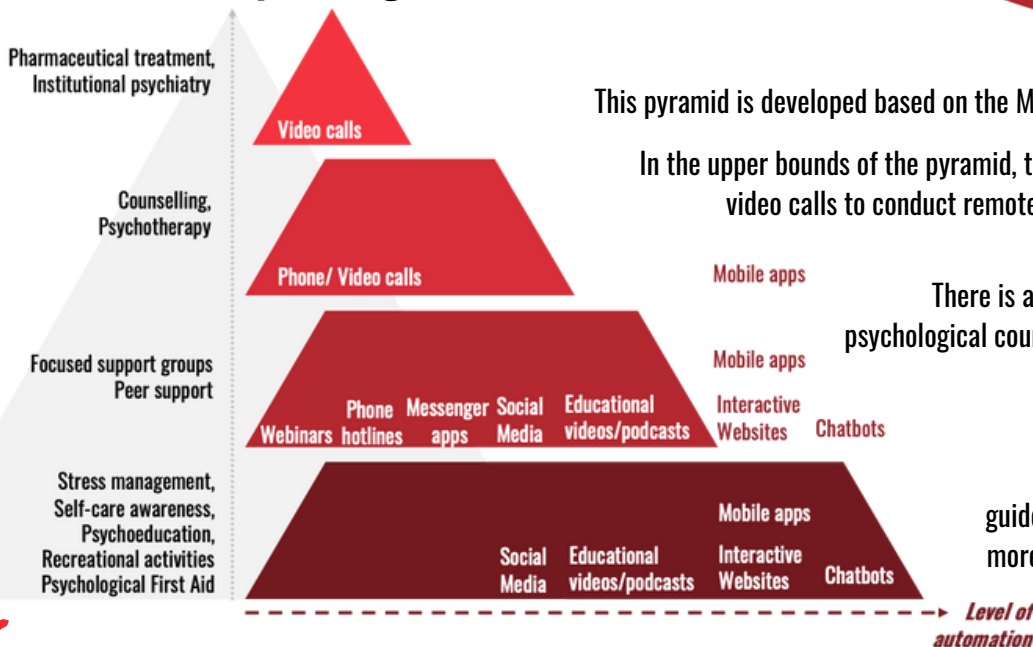
## Current Landscape of Digital MHPSS Interventions

This pyramid is developed based on the Movement's 4-tier approach to MHPSS.

In the upper bounds of the pyramid, the most common use of technology is video calls to conduct remote personal counselling and psychiatric treatment.

There is also a growing body of mobile apps for psychological counselling using CBT-based approaches, which have a strong evidence base.

In general, digital technologies are currently more often employed for guided/ unguided psychosocial support, in more diverse forms and with higher levels of automation.



## Why Digital?



### SAFETY

- overcome barriers of stigma thanks to anonymity



### EFFECTIVENESS

- scientific evidence for some types of intervention
- proven acceptability



### SCALABILITY

- reach people in remote/unaccessible areas
- automatization minimized costs
- increased flexibility



### SUSTAINABILITY

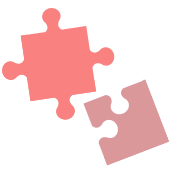
- prevention
- embedded into the wider healthcare system
- capacity building



### PARTICIPATION

- potential to democratise humanitarian action

# Challenges and Solutions: an overview of the results from 32 interviews\*



## SAFETY



### Data Protection

Challenge 1: Anonymity, vulnerability and data storage

Solutions:

- data accessibility by design
- end-to-end data encryption

Challenge 2: Commercialisation of data

Solutions:

- use legally innovative partnership agreement guaranteeing co-ownership of the personal data gathered

### Do No Harm

Challenge 1: Unintended harm of interventions

Solutions:

- use evidence-based interventions
- use existing RCT-tested interventions to develop new ones
- include mandatory evaluation in all new interventions

Challenge 2: Dissemination of non-evidence-based digital intervention

Solutions:

- establish a 'whitelist' of rigorously evaluated interventions and
- a blacklist

### Crisis intervention

Challenge: Limitations in case of acute crisis

Solutions:

- use digital interventions with caution
- discuss reactions to crises with the service user in advance and offer access to updated digital emergency referral and service directories
- feature accessible emergency button
- establish standard operating procedures

### Practitioners' methods and well-being

Challenge 1: Misdiagnosis and medical error

Solutions:

- turn on the camera in consultations
- professional training is required to ensure practitioners are sensitive to the particularities of remote therapy
- hybrid models appear most adequate

Challenge 2: Impediment on private life

Solutions:

- practitioners should not use their personal devices: organisations should provide them and set clear policies on working hours
- increase peer support for practitioners

## EFFECTIVENESS



### Positive impact

Challenge 1: Lack of exhaustive evidence

Solutions:

- implement already evaluated interventions
- prioritise effective treatment approaches e.g., interventions based on CBT

Challenge 2: Scepticism

Solutions:

- practitioners should be able to flexibly choose the way they want to deliver help

### Acceptance

Challenge: Lack of engagement

Solutions:

- include notifications reminding users to regularly use the app/website
- design interventions to be as concise as the therapeutic base allows it, and manage expectations in advance
- enhance adequate and targeted promotion

### Cultural appropriateness

Challenge 1: Adapting codes

Solutions:

- encourage open access codes
- provide technical assistance to National Societies (NS)
- adapt the interface of a digital intervention (symbols, figures, etc.), not the therapeutic substance. Where more profound adaptations are necessary for acceptance, the intervention should be re-evaluated to ensure safety

Challenge 2: Tailoring

Solutions:

- clearly define the target group
- involve potential service users in all the phases of the intervention, as well as native speakers and staff with profound contextual knowledge
- include simple adjustments such as the intervention's name which may have an important effect
- facilitate contextual adaptations through the correct design of digital technology e.g., avatar
- consider contextual adaptation when selecting the digital technology

\*20 interviews were from the Movement, and 12 from outside the Movement. Interviewees include academics, practitioners and personnel from the private sector. Interviews reflect digital MHPSS in 24 countries, spanning 6 continents.

## SCALABILITY



### Accessibility

#### Challenge 1: Structural barriers

##### Solutions:

- design interventions for offline usage
- offer access to devices and stable internet in schools, community centres or religious institutions

#### Challenge 2: Social, political and bureaucratic barriers

##### (a) Social barriers

##### Solutions:

- partner with schools, community centres or faith-based institutions could provide safe spaces for accessing MHPSS services
- engage with community actors to decrease stigma in the long run

##### (b) Political barriers

##### Solutions:

- focus on mental health advocacy, alongside government and civil society partners to change and create appropriate rights-based mental health policy and legislation

##### (c) Bureaucratic barriers

##### Solutions:

- favour interventions on the lower bounds of the pyramid that require less medical proficiency

#### Challenge 3: Individual barriers

##### Solutions:

- overcome illiteracy by prioritising audio and video content
- design simple and intuitive user interfaces to remedy digital illiteracy

### Resource limitations

#### Challenge: Lack of funding, expertise, and time

##### Solutions:

##### (a) Adapt centralised apps

##### Use existing platforms

- 'Step-by-Step' mobile app, WHO
- 'Universal App Program', GDPC

##### (b) Build partnership

- IFRC, other NS; public partnerships; private sector

##### (c) Use low-tech interventions

- phone hotlines & messenger apps
- video calls
- social media

## SUSTAINABILITY



### Challenge: Limited Embeddedness

#### Solutions:

##### (a) Regions with lesser-developed IT and MHPSS Infrastructures

- leverage digital MHPSS to increase awareness for MHPSS, popularising and de-stigmatising MHPSS e.g., information sharing on social media sites

##### (b) Regions with better-developed IT and MHPSS Infrastructures

- include local healthcare information and establish a referral system
- develop evidence-based digital MHPSS into medical device
- establish linkages with the national health system, existing governmental and professional bodies
- integrate digital MHPSS interventions into national strategies and structures holistically to build synergy with the broader health system and interventions

## PARTICIPATION



### Challenge 1: Retaining users

#### Solutions:

##### (a) Human-centred and participatory approach in protocols

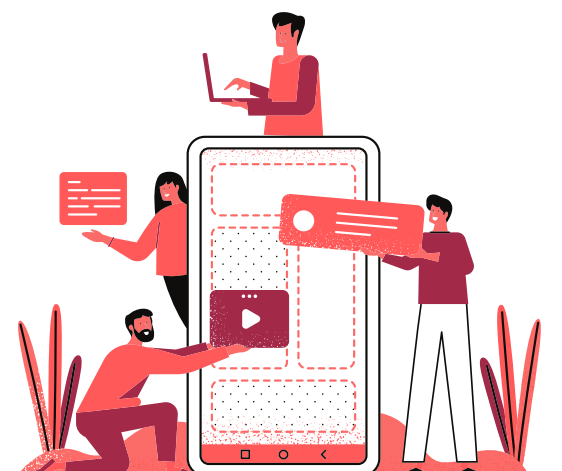
- prioritise a human-centred and participatory approach in the protocol of development of digital tools, from consultation, planning, to implementation, and eventually monitoring and evaluation

##### (b) Skilful engagement of target group

- conduct multiple focus groups to seek feedback on content and translation

##### (c) Representation in the development team

- include members from user groups as key team members

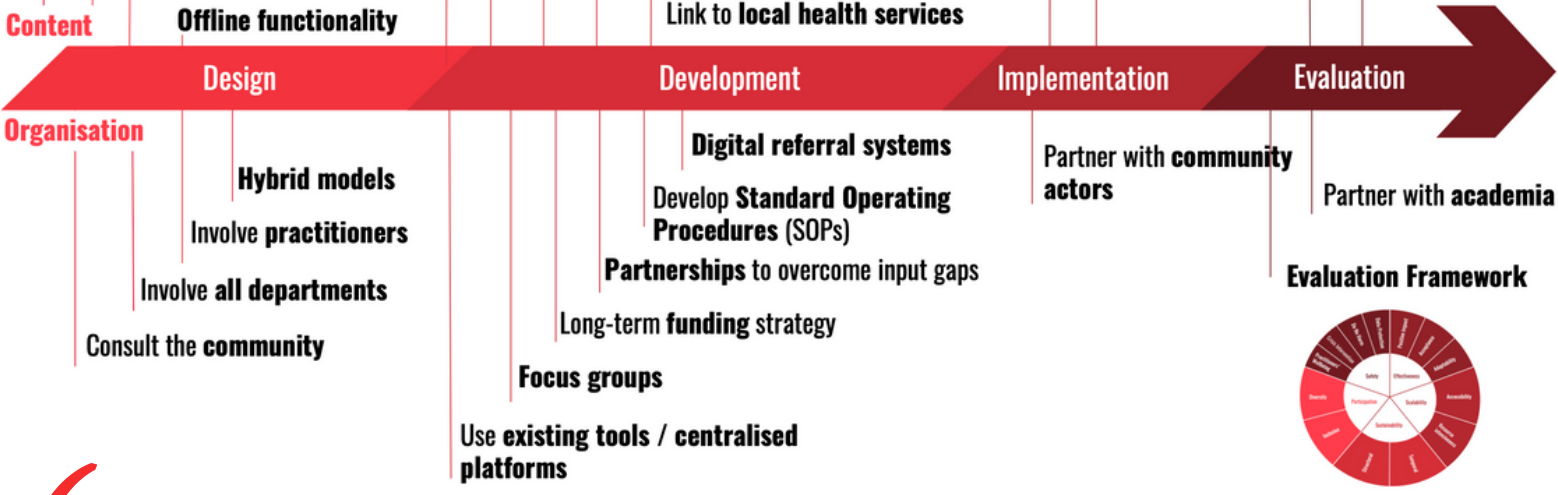


# Best Practice: Process to develop digital tools

Define the target group

Define the problem

Select tools at different levels



## Recommendations

### Collect & leverage data

Automate monitoring and evaluation (e.g. mood and completion tracking of users)



Leverage data for needs assessment, planning, and service improvement

### Favour hybrid models

Warrant realistic optimism but also critically assess whether digital delivery is necessary



Favour hybrid delivery models which combine digital and conventional MHPSS modules

### Adapt available digital tools

Adapt open-source models to fit regional contexts



Develop, use and regularly update a 'whitelist' and a 'blacklist' of digital interventions

### Engage in principled partnerships



Keep partnerships strictly in line with the Movement's guidelines and principles

### Build synergies with local structures

Advocate for destigmatisation and enhanced legislation



Increase training and support to improve local capacities  
Link with broader national health systems