# What is the problem we are trying to solve?

There is currently an enormous gap in human resources for mental health and psychosocial support (MHPSS) at a global level, with healthcare staff lacking in numbers in low-, middle- and high-income countries. In low-income countries the lack of human resources is as low as 1.4 mental health workers per 100 000 inhabitants[1] and most people with diagnosed mental health problems go untreated[2]. These gaps are further magnified in situations of armed conflict, natural disasters and other emergencies, where needs grow, and health systems cannot provide the necessary support. The number of forcibly displaced and stateless individuals is at an all-time high and is expected to rise even further to about 130 million people during 2024, many of them children and adolescents[3]. Forcibly displaced people are often not included in national healthcare systems, making the provision of care in existing systems for this group subpar[4]. With regards to the increasing number of refugees, migrants and culturally and linguistically diverse populations around the world, the barriers in healthcare systems are creating a situation where mental health problems are flourishing. Such barriers include a lack of interpreters and a lack of resources – among them funding and staff – allocated to marginalized groups. We know that refugees and other vulnerable groups are at increased risk of developing mental health problems such as anxiety, depression and post-traumatic stress related to pre-, peri- and post-migration circumstances[5-7]. We also know that already marginalized groups tend to underutilize existing healthcare alternatives and chose to suffer rather than risk the stigma associated with accessing mental health services[4,8], making reach of effective interventions a problem even in countries with well-functioning healthcare systems[9].

Given these conditions, there is a dire need to find scalable, low-threshold, equitable and inclusive alternatives, which can increase reach without losing efficiency and lead to an expansion of care to underserved groups in low-resource settings. Further, we know that mental health treatment and focused psychosocial interventions have the potential to be used in these settings for youth and adult populations [10,11] and that MHPSS programmes in humanitarian emergencies in low- and middle-income countries can be effective [12]. With approximately 67% of the world's population now online, and a 45% increase in Internet access in low-income countries since 2020 [13], there is potential to use technology and Internet access to further increase reach. Thanks to societal digitalization, the use of mobile phones and smartphones, increased Internet connectivity and the normalization of remote services during COVID-19, new ways of connecting with and supporting people in need have emerged. Digital solutions can now be integrated with existing efforts in hybrid or blended formats, be offered as stand-alone alternatives with or without guidance from non-specialists or specialists or supplement the conventional face-to-face services usually provided. This can help increase reach, within and across borders, bringing a broad prospect of global dissemination into play.

With all this in mind, awareness and knowledge of digital MHPSS alternatives can create new possibilities for the Red Cross and Red Crescent Movement (RCRC) in its work with those individuals and groups that have access to the Internet and devices, such as mobile phones and computers, to use resources for the screening, assessment, prevention, support and treatment of mental health problems that could otherwise not have been provided. Using digital technology should not be a goal in itself, but rather a means to an end, as digital MHPSS can lead to specific advantages such as standardized procedures to secure equitable interventions that have the potential to mitigate gender-related barriers and provide greater flexibility and anonymity [3].

And apart from bridging the gap for care, digital solutions can also be a way of alleviating the burden of volunteers and staff working in humanitarian settings, strengthening the workforce by providing support to cope with the effects of stressful and traumatic events in everyday humanitarian work. This is an important prospect as 76% of all MHPSS activities in the RCRC Movement currently target staff and volunteers [14].

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