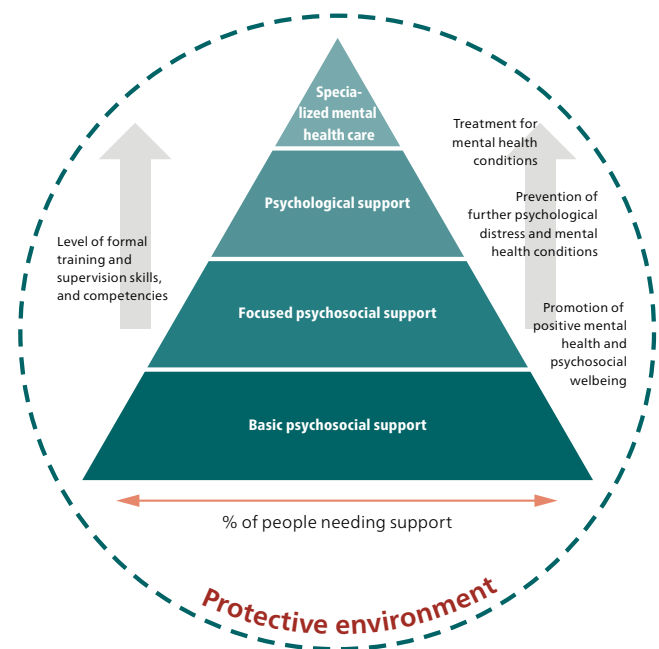# What is digital MHPSS?

There are many ways to label the use of digital technology in the provision of mental health and psychosocial interventions. In research, the field started growing at the beginning of the 1990s with the introduction of computerized treatment and expanded even further with the use of the Internet to provide treatment around the turn of the Millennium[1]. But it really took off in the 2010s, becoming a widely popular area of research when being implemented in real-world settings, especially within the healthcare context[2]. With the onset of the pandemic in 2020 it became a widespread delivery format in times of social distancing as there was an increased need for new ways of providing services for mental health and psychosocial support.

We know from research that digital interventions can be as effective as face-to-face alternatives and there are now many short, scalable, time limited, relatively automated transdiagnostic interventions that can be used in a digital format [3,4]. Several international and national reports by the IFRC, National Red Cross Societies, UNHCR and WHO [4-8] have been written, focusing on the use of digital solutions for mental health and psychosocial support, all overlapping but also providing slightly different definitions and points of view.

Here, we are using the terms *digital mental health (DMH), digital mental health interventions (DMHI)* and *digital MHPSS*. DMH is a commonly used term that describes the use of information and communication technology, often the Internet, to support and improve mental health conditions[6]. It is a broad term that covers many different definitions and formats such as Internet-based, web-based, computer assisted, telepsychiatry, tele-mental health and online interventions, among others.

Providing MHPSS interventions in a digital format is commonly known in humanitarian aid organizations as digital MHPSS, being defined as digital interventions targeting mental health and psychosocial wellbeing at all four layers of the MHPSS-pyramid. The term 'digital MHPSS approaches' is also used for digital services focused on creating safe digital environments, both offline and online, that benefit mental health and wellbeing. Here, we are focusing more on the digital MHPSS interventions than the approaches.

There is no single consensus definition of what is to be defined as a digital MHPSS service or intervention. It may be the provision of a podcast about mental health stigma, a self-help app targeting sleep problems in women, a screening tool for symptoms of depression, a psychological first-aid mobile app used in armed conflict areas, an Internet-based treatment programme for common mental health problems among refugees, a series of YouTube videos targeting self-esteem issues in teenagers, a chatbot for loneliness or a videoconferencing treatment for anxiety. Here, we are focussing on interventions to focus on interventions for the prevention, assessment, screening, support, treatment, and/or aftercare of mental health and psychosocial problems in all age groups (children, adolescents, youths, adults and older adults). We are not including digital means for education or supervision for staff, but are rather focusing on the use of digital interventions to help relieve suffering and increase wellbeing and resilience.

There is a large variety of delivery methods within DMH and these can differ according to the form of use, extent and form of human contact, degree of automation, mix between face-to-face and digital content, need for specific technology to provide the intervention and many other aspects. DMHI are usually provided with the support of a human being, although they can also be provided in a self-guided format. Commonly used and researched formats are *Internet-based treatments, videoconferencing interventions and hybrid (blended) formats,* combining face-to-face interactions with digital material. All of these, and many more, are further expanded upon in the factsheet What are the most used formats of digital MHPSS?

The report *Digital Mental Health and Psychosocial Support (MHPSS)*: *Challenges and best practices*, commissioned by the IFRC and the Swiss Red Cross, highlighted the many potential advantages of using digital MHPSS[6].

These included:
– the means to scale up services and provide access to effective interventions

– overcoming stigma related to treatment of mental health problems

– the facilitation of task shifting

– using automated monitoring and evaluation of interventions

But although there are obvious opportunities, it is important that providers form their own opinions on how digital interventions can help them in their everyday work and what challenges need to be overcome for digital alternatives to be a viable option. The aspects of transitioning to digital alternatives and implementing them in MHPSS programmes can be found in the factsheets What and who needs to be considered in the transition from face-to-face to digital MHPSS? and What structural needs and elements of the setting should be considered for the implementation of digital MHPSS?

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