What is the role of human support in digital MHPSS?

Human support is crucial to provide effective digital interventions[1]. It has been shown that the absence of assessment and human support can lead to higher dropout, lower treatment compliance and smaller effects[2,3]. Not all digital interventions without support are less effective though and there are indications that unguided interventions can be equally effective for lower levels of symptoms or sub-clinical problems[4] and that guidance is more important for moderate to severe problems and a higher degree of problem complexity[5].

As a matter of fact, it is still largely unclear what type of support and content should be best provided and by whom, through which channels of communication and how often. A variety of options exist[6,7]. Even though treatment in healthcare settings is usually provided by healthcare professionals such as psychologists and counsellors, there are indications that non-professionals and lay helpers can provide support with similar effects[8].

This provides an opportunity to use task-shifting in the provision of digital interventions, including volunteers and non-professional staff in combination with or instead of healthcare professionals. It is, for example, known that psychoeducational content can be conveyed very effectively via peer support, since peers can be trained and instructed on how to best be of help for the users to steer them away from behaviours that can worsen suffering and lead to negative effects. And there are evidence-based examples of digital interventions, such as the Problem Management Plus (PM+) programme for adults with depression or anxiety, which is delivered in a smartphone format (Step-by-step app) by lay, non-professional people[9]. To do this, it is important to provide interventions that are easy to deliver and use, and where staff or volunteers receive the necessary training, supervision and resources to provide the intervention[10].

The therapeutic alliance is considered important in psychotherapy and people in general tend to perceive face-to-face interaction as more relational, thereby making it interesting to examine how human support is perceived in digital interventions from both sides. Interestingly, alliance measures in the most common digital interventions such as Internet-based, blended and video-delivered interventions reveal that therapists and patients rate their alliance towards each other at the same level as in face-to-face interventions[11–13]. This shows that digital MHPSS interventions can be provided without losing the human aspect of care and that digital formats are suitable for creating a relational bond to support the provision of treatment.

Depending on the channel chosen, digital communication does not differ significantly from face-to-face communication. However, when using text-based interventions, it is important to learn and practise supportive communication such as empathetic utterances and validating feelings in a text-based format. There are a few studies examining the specific content in the interaction between the therapist and patient in Internet-based treatment, where treatment content is provided in an online programme and the role of the therapist is rather of a supportive nature. In one of these studies, positive reinforcement of homework, task prompting, self-efficacy shaping and empathetic utterances were associated with better treatment compliance[14]. In another study, affirmation, encouragement and self-disclosures were associated with better outcomes[15].

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