



What and who needs to be considered in the transition from face-to-face to digital MHPSS?

In most parts of the world, mental health interventions and psychosocial support are provided in a face-to-face manner, not using digital tools to support them. Therefore, it is important to address the transitioning aspects of moving from face-to-face interventions towards integrating digital solutions in MHPSS work. This goes for both the receiver of the intervention and the provider, as their motivation, preferences and attitudes towards digital MHPSS solutions are crucial in delivering effective interventions using digital formats.

User perspectives

Users of digital solutions for mental health and psychosocial support can appreciate the flexibility of having access to digital material to work on whenever and wherever they decide to do so, the advantage of not having to take the time and pay the cost to travel, and the possibility to take part in an intervention in a culturally adapted and non-stigmatizing way through digital means. On the other hand, Internet-based interventions can be perceived as less personal. Users might long for more contact and face-to-face support, have the fear that data is handled and stored in a way that can possibly be misused, and struggle with low digital literacy, an unstable Internet connection and difficulties concentrating that make digital means a strenuous option.

Provider perspectives

The transition to digital alternatives affects the workforce as well. In a study within Médecins Sans Frontières (MSF) looking at the necessary transition to digital mental health interventions (DMHI) during the COVID-19 pandemic, almost half of the respondents felt that they had had a decreased possibility to provide comprehensive mental health interventions when using digital alternatives and many had a negative (46%) or mixed (42%) impression of remote care. Even so, almost everyone in the study (96.7%) stated that digital mental health services had some advantages, such as improving access to care and saving time¹.

Elements of a successful transition

The same study¹ shows that the transition to digital interventions is difficult if those providing it feel hindered in their work. The staff and volunteers must themselves be convinced that the digital intervention represents a viable and not just a second-rate option or a solution they are forced to use. This can only be achieved by involving providers and users in a dialogue and examining together what specific advantages and disadvantages exist among the different stakeholders like the programme managers, MHPSS staff and volunteers as well as the receivers of digital MHPSS solutions.

The transition from face-to-face interventions to digital alternatives can be perceived as positive and can provide unique advantages. In a study on healthcare staff working with mental health problems in youths, those interviewed had generally positive attitudes towards the digital intervention (Internet-based CBT), considered it to bring more variety to their everyday work and found it brought relief from emotional stress and high cognitive demands². As MHPSS staff work under emotionally strenuous conditions, integrating digital modalities in everyday work could help create a more sustainable workforce within the RCRC Movement, using digital alternatives to alleviate burdens also on staff. This aspect of transitioning to digital alternatives has also been suggested in other reports and research articles^{3,4}.

Currently, many digital MHPSS solutions have focused on replicating in-person approaches, such as providing face-to-face interventions using videoconferencing alternatives⁵. This type of transition is usually perceived as less daunting since it has minimal implications for the provision of care. The same goes for hybrid formats such as blended treatments, which combine face-to-face sessions with digital material. Providers of care are usually positive towards this format as it combines both worlds and is less of a leap into the unknown compared to completely digital options⁶, which require the acquisition of new skillsets.



Sources/references

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