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An update from the WPA Working Group on Digitalization in Mental Health and Care

The treatment gap for persons with mental disorders averages 50% in all countries of the world and rises to 90% in least-resourced countries¹. The mental health care sector is increasingly adopting newer digital health options that may help to significantly reduce this gap. Although telemental health care has a long-standing history and compelling empirical evidence base, its implementation in routine mental health care conditions has remained scant for many years². However, following the COVID-19 pandemic, it represents now a routine clinical activity, and newer opportunities (as well as challenges) are rapidly emerging³.

Digital (mental) health offers several valuable options (ranging from digital therapies to digital phenotyping, augmented reality, social media, artificial intelligence)^{4,5} that will contribute significantly to deliver, support and enhance mental health care globally over the coming years⁶, being particularly appealing for younger generations⁷⁻⁹. However, the adoption of novel digital clinical options is occurring at different paces across countries, often with suboptimal implementation.

Many national and international initiatives have been set up to promote digital mental health and care. For example, in Europe, a six-nation project has been implemented with the support of the European Regional Development Fund to increase the dissemination and quality of e-mental health services in Belgium, France, Germany, Ireland, The Netherlands, and the UK (e-Mental Health Innovation and Transnational Implementation Platform North-West Europe project; eMEN)¹⁰. The European Psychiatric Association also launched a series of initiatives (e.g., scientific symposia at its annual congresses, a task force on e-mental health, a series of training courses and a training video toolkit) to ensure a more even spread of digital mental health across Eu-

rope¹¹. According to recent evidence, digital mental health interventions in lower income countries may represent a valuable option, if adequately implemented and evaluated¹².

Thus, further action is required to ensure the equitable implementation and impact of digital mental health at a global scale. The WPA Working Group on Digitalization in Mental Health and Care is aiming at the improvement of global mental health and care by introducing digital tools and programs, thereby contributing to transforming health systems for universal health coverage. The Working Group, appointed in 2020¹³ and chaired by W. Gaebel, U. Volpe and R. Ramalho, is working alongside experts in the field of digital psychiatry and WPA early career psychiatrists.

Currently, the Working Group is collaborating with WPA Member Societies, drawing a baseline on global digitalization in mental health and care by means of an international survey. The survey covers topics ranging from the grade of digitalization in general and mental health care, to the availability of national policies and regulations, barriers and facilitators for implementation, guidelines for tools and interventions, and capacity building by education and training. Building on the results, the WPA Working Group is going to transform and support the national digital infrastructures together with the Member Societies and other stakeholders, including patient and family organizations. The collaboration with WPA Member Societies will also contribute to produce evidence-based guidelines for safe and ethical use of digital mental health options at the individual, institutional and country level, including awareness building and improving digital literacy, also fostering implementation research of digital mental health and care.

The WPA Working Group is also developing and delivering scientific and training

initiatives, including symposia and workshops at national and international levels. It is contributing to World Congresses of Psychiatry, e.g., the one held in Bangkok in 2022, where an in-person course on “Digitalization in Mental Health and Care” was organized from a worldwide perspective. At the same Congress, an online symposium on worldwide digitalization in mental health and care was organized by the WPA Working Group to help define methods of rapid implementation of telepsychiatry, explore the need for standardized training curricula for global digital psychiatry, and identify facilitators and barriers for cultural safety in e-mental health. The WPA Working Group will also deliver a course on digitalization in daily clinical work at the upcoming WPA Congress of Psychiatry to be held in Vienna, Austria.

Considering the fast evolving pace of digital technologies, as per WPA request, the Working Group is currently finalizing a new WPA Position Statement on Digitalization in Mental Health and Care, also to update the previous WPA Position Statement on e-Mental Health. To this aim, an exhaustive review of the current evidence on the global level of digitalization in mental health and care has been carried out. This new Position Statement will provide the WPA and its Member Societies with a roadmap on high priority and targeted interventions to support implementation and upscaling of digital mental health and care in global mental health systems.

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Education, policy and clinical care in mental health: an update on the activities of WPA Collaborating Centres

In 2016, the WPA President and Executive Committee appointed seven sites as WPA Collaborating Centres, with the aims to: a) collect and disseminate information on mental health; b) provide training and links to clinical and research centres; c) support capacity building at country or regional level; d) conduct and coordinate educational and research activities with the support of the WPA¹. The Centres have been renewed in 2021², aiming to support the implementation of the WPA Action Plan 2020-2023³⁻⁵, and to build a global alliance for better mental health.

In this period, the network of the WPA Collaborating Centres has been extended. It includes now nine sites in eight different countries: the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India; the Department of Psychiatry of the Chinese University of Hong Kong; the Africa Mental Health Research and Training Foundation in Nairobi, Kenya; the Department of Psychiatry and Mental Health, University of Cape Town, South Africa; the Oka-sha Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt; the Department of Psychiatry and Nuffield Department of Primary Care Health Sciences, University of Oxford, UK; the Department of Psychiatry, University of Campania "L. Vanvitelli", Naples, Italy; the Department of Psychiatry at Sidra Medicine in Doha, Qatar; and the Department of Psychiatry, Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, India.

The Centres have been selected on the basis of the following criteria: a) high scientific reputation at national and international levels; b) eminent status in the country;

c) high quality of academic and research leadership; d) stability in terms of achievements, staff and resources; e) willingness to contribute to the implementation of the WPA Action Plans; f) appropriate technical expertise. The UK site acts as the coordinating centre, organizing quarterly business meetings.

In 2021, the WPA Collaborating Centres developed a Work Plan, aiming to promote best practice in clinical work, teaching, training, research and policy development². The Plan has been implemented by sharing resources, working together on educational initiatives (e.g., webinars, essay prizes for medical students and trainee psychiatrists), promoting and conducting research (e.g., on adolescents at the Collaborating Centres in Kenya, India and UK), providing opportunities to promote WPA activities, and supporting early career researchers, trainees and medical students⁶. The activities carried out by the Collaborating Centres are presented at major WPA congresses and through policy papers and educational materials, which are made available to the entire WPA community⁷.

The Collaborating Centres bring considerable resources and networks to support, inform and disseminate the work of the WPA, and to lend authority to the Association's strategy and Action Plans. There is no additional budget to support the Centres. The Directors of the Collaborating Centres operate through multiple partners and global leaders to raise the profile of the WPA (for example, by publishing papers in high-impact scientific journals) and by closely collaborating with WPA Scientific Sections (e.g., those on Education in Psychiatry⁸ and of Early Ca-

reer Psychiatrists⁹) and Working Groups (e.g., that on Comorbidities between Physical and Mental Disorders¹⁰).

The Collaborating Centres have also contributed to national and international policy and guidance documents through the WPA, and have partnered with national and international organizations. In particular, the Centres are constantly in contact with institutions and research networks active in the field of mental health and psychiatry, such as the World Health Organization, the Psychiatric Genetics Consortium, the Enhancing Neuroimaging and Genetic Meta-analysis Consortium, and the World Mental Health Surveys.

All Centres have actively contributed to the promotion and dissemination of educational activities and materials focused on timely issues such as public mental health, training and implementation of ICD-11 and related clinical guidelines, management of physical comorbidities in people with severe mental disorders, benefits and innovations of digital health, and management of adolescent mental health.

Scholarship opportunities have been provided by the Centres to early career psychiatrists and researchers to attend regional and global WPA congresses through trainee and medical student prize competitions. All Centres participate in setting the competition format, selecting the winners, and providing certificates. The WPA President usually presents the awards at the relevant regional or global congresses.

The WPA Collaborating Centres have a specific commitment to improve undergraduate and postgraduate education in psychiatry. In particular, postgraduate education-