Editorial

Digital applications: the future in psychiatry?

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Abstract

Digital applications and new mobile technologies can change the nature of the psychiatrist-patient relationship and future clinical practice in terms of diagnosis, follow-up, and treatment, but need to be further studied. This issue explores these new approaches in psychiatry.

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It is estimated that there are currently more than 400 000 health care–related apps, with thousands specific to psychiatry.[1] Interestingly, using the keywords: "mobile technology" and "psychiatry," PubMed provided only 35 references.

National organizations, such as the British National Health Service, have started to offer official recommendations for selecting psychiatry-related apps. In the same way, professional organizations (eg, the American Psychological Association) have issued practice updates to reflect the growing importance of this technology.[2]

However, the short- and long-term usefulness and potential efficacy and safety—as well as privacy and legal issues—of these new apps will have to be determined. In fact, interest in mobile mental health for psychiatric care has increased as psychiatric patients increasingly use smartphones and new technologies. How this can change the nature of the psychiatrist-patient relationship and future clinical practice in terms of diagnosis, follow-up, and treatment needs to be further studied.[3]

Given the current and predicted shortages of psychiatrists and mental health clinicians in most countries in the world, it is likely that these new technologies will facilitate and improve psychiatric care. Jain et al have reported that increased access to mobile phones offers new opportunities in service delivery in India in regions where mental health resources are scarce and the treatment gap is large.[4]

These devices and apps may help bring people with undiagnosed and untreated mental illnesses to psychiatric care. Internet interventions could also be implemented in mental health care systems as a first step of treatment, in order to increase the number of people who will finally receive adequate treatment. For example, they can be used to facilitate treatment of depressive disorders in the general population in order to reduce the risk of suicide.[5]

Some apps may be used to help caregivers to prevent suicide, to enhance the impact of brief psychoeducation,[6] or to improve medication adherence in serious mental illnesses. They can assist in the diagnosis and treatment of psychiatric disorders.

Devices can also collect real-time patient data, including self-reports, behavioral changes, and physiological parameters which might be very useful for example in terms of predicting relapse or improving compliance with treatment. In return, psychiatry will collect "big data," and novel research and statistical methods will be needed to analyze and understand this huge amount of data.

This issue of *Dialogues in Clinical Neuroscience* explores these new approaches in psychiatry in terms of diagnosis, clinical care, treatment, and even research. ❏

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