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Evidence-Based Psychological Treatments Are an Effective Tool for Digital Mental Health Interventions

Thank you for the opportunity to inform the White House Office of Science and Technology Policy deliberations on connected health. The mental health consequences of the pandemic are overwhelming. The number of people who are experiencing a mental health challenge is steeply growing, and **there is a serious mental health crisis**. This response is intended to help inform and guide policies and actions related to strengthening community mental health through digital health technologies.

There are effective treatments. Evidence-based psychological treatments (EBPTs) can be differentiated from other forms of treatment as they are short-term, focus on assisting people to learn specific skills, and have been developed and tested via rigorous scientific methods. The advantages of delivering EBPTs to treat mental health problems are threefold: (1) the positive effects of EBPTs endure well after the course of treatment is completed, (2) EBPTs give people skills they can use to reverse reoccurrences of symptoms, and (3) EBPTs have few to no adverse side effects. Cognitive behavior therapy (CBT) is an example of one EBPT that focuses on examining the vicious cycles that can occur among negative thoughts, negative emotions, and the things we do to cope. The goal of CBT is to assist the individual to build skills to intervene at different points in the cycle. Effective EBPTs are available for most mental health problems, including depression, all forms of anxiety, trauma, suicidal thoughts and behaviors, sleep problems, schizophrenia, and bipolar disorder.

While there are specific indications for the use of medications to treat mental health problems, it is noteworthy that the past director of the National Institute of Mental Health observed, “While psychosocial interventions have received much less marketing attention than pharmacological treatments, the results are arguably more encouraging” (p. 129).¹

Indeed, progress toward establishing EBPTs for most mental disorders has been excellent.² There are a range of rigorous reviews that have published lists of effective EBPTs, including the APA’s Division 12 and the National Institute for Health and Care Excellence (NICE). NICE is particularly remarkable because a panel of experts including clinicians, researchers, and consumers is formed to carefully review the scientific evidence on the best treatment(s) available for each physical and mental health problem. NICE has concluded that EBPTs are frontline sole or adjunctive interventions for a broad range of conditions.³

EBPTs are difficult to access. More than half of the individuals who need mental health care do not receive the care they need. For many of those who do receive a treatment, the quality of the treatment delivered is poor.² In fact, there is a concerning move away from the provision of EBPTs toward medication. This is of concern because (1) the outcomes from some widely used medications are not encouraging;¹ (2) there is evidence that some medications, often off-label and with serious side effects, are being used to treat disorders for which the evidence base for EBPTs is well-established; (3) in some circumstances, prescribing a medication may even send an unhelpful message—for example, instead of building skills and habits, a medication might serve to maintain or cover up the symptoms; and (4) there is evidence that EBPTs are more acceptable to patients relative to medication treatments.²

Digital health technology can deliver EBPTs. The use of digital health technology is an extremely active area within psychological science.⁴ The potential for providing more accessible platforms for delivering EBPTs is enormous. There will likely always be a role for the delivery of face-to-face in-

person EBPTs. However, if it is the dominant or the only approach, the burden of mental health problems will not change. Here are four examples of the immense potential for digital health technology for the delivery of EBPTs:

1) *Wearable and smartphone technology.* The ability to assess mental health moment by moment can be realized through wearable and smartphone technology. For example, the ability to regulate emotions in response to stress is central to mental wellness and can be tracked with these technologies.⁵ This information can be used to assess mental health and determine when an EBPT is appropriate, as well as to guide the selection of the specific targets for an EBPT.

2) *Online delivery.* EBPTs delivered via the Internet are effective.⁶ Internet-delivered interventions may include an adjunctive app or support from a live or online therapist.⁷ Also, just-in-time EBPTs are being developed. These have the potential to provide an intervention at exactly the time that a prompt is needed. This approach is already promising across disorders such as schizophrenia, smoking cessation, sleep problems, and alcohol use.⁵

3) *Telehealth.* Telehealth is effective for the delivery of EBPTs and reduces costs while improving access to care.⁸ Knowing that comfort with interactive video conferencing is lower among specific groups and that there is a “digital divide” of very low rates of Internet use among low-income, disabled, and house-bound adults,⁹ there is an important role for telephone delivery of EBPTs. This mode of delivery of EBPTs yields similar outcomes relative to face-to-face delivery¹⁰ and has been associated with lower rates of discontinuing treatment.¹¹

4) *Use of text messaging.* Text messaging has great potential for delivering or supporting the delivery of EBPTs.¹² Texts are popular, particularly among youth. Mobile phones are personal, intimate, and constantly accessible. Texts are likely to be read within minutes of being received. Texts catch an individual’s attention and tend to be carefully considered. Also, there is evidence that texting yields positive results when used to deliver or complement the delivery of EBPTs. There is also evidence that text messages can identify suicide risk in real time.¹³

Successful model. An economic analysis conducted in 2007 concluded that the costs of providing EBPTs for the millions of people in England with an anxiety disorder or depression “would be fully covered by the savings in incapacity benefits and extra taxes that result from more people being able to work” (p. 90).¹⁴ Based on this analysis, between 2008 and 2011, the UK government invested £173 million per year above existing spending to establish the Improving Access to Psychological Therapies (IAPT) program. Because of the success of IAPT, the UK government has expanded its investment so that 1.9 million adults can access EBPTs each year. The IAPT program includes the delivery of EBPTs via digital health technology within their stepped-care approach.¹⁵ IAPT has become a model for the rollout of EBPTs across many other countries and could be adopted as a model for the U.S. More information about IAPT is available here: <https://www.england.nhs.uk/mental-health/adults/iapt/>

As we face the overwhelming challenge of addressing the mental health crisis that grips the world, digital health technologies hold great promise for substantially improving access to EBPTs and thereby improving community mental health, individual wellness, and health equity.

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