From the Editor's desk

By Kamaldeep Bhui

eHealth adventures in psychiatric therapeutics

Digital media are abundant and dominant in professional communications and health and social care practices.[1,2–4] Therapeutic pioneers can now travel into digital landscapes to encounter virtual reality-based therapies, and positive voices and information that promote healthy living, more physical activity and balanced nutrition, the avoidance of alcohol and substances, and more social support and leisure;[5-7,8] some concern is evident about nefarious sites that provide information on how to take your life, instigate and disguise extreme weight loss, and even construct explosive devices and engage in terrorism.[9–11]

Despite these concerns, there is much work to provide positive, evidence-based health narratives. eHealth is proposed to improve access to public health interventions, and to empower service users and the public to maximise their health capital.[12,13] The use of phone apps makes social connection so much easier, and these foster loose ties that provide social support and protect health capital. Thus, within the public health armoury, digital media offer a powerful method of prevention, as well as nudging and nurturing people into monitoring and improving their health (see resources for prevention and mental health promotion; http://mentalhealthforlife.org/).[14] The evidence base for a flourishing multitude of apps and websites is limited,[15] as is a better understanding of how to design eHealth interventions as solitary stand-alone or adjunctive interventions.[16,17] Several research papers in the *BJPsych* described the effectiveness of digital psychological interventions in a range of psychiatric disorders.[18–20] Online and digital media may help improve access to mental healthcare for young people who fear stigma and avoid services.[21] In this month's *BJPsych*, Tunney *et al* (pp. 284–289) reveal children's experience of an online mindfulness intervention that helps them to relax, engage, think, and direct attention. Online interventions were more favoured by children than face-to-face ones. Psychological interventions for young people can help post-traumatic symptoms even in low- and middle-income countries (LAMICs), but the capacity for digital treatments in LAMICs needs further resourcing and implementation studies.[22] People from culturally diverse communities from around the world, and those who experience self-stigma, are less likely to seek help for mental illnesses. Adapting assessment and diagnosis for people from around the world is challenging; Lewis-Fernández *et al* (pp. 290–297) report on the field trials of the DSM-5 Cultural Formulation Interview, revealing how and where the cultural formulation helps to improve precision of assessment and treatment planning. Stigma is a persistent challenge in LAMICs and among those who have no direct experience or knowledge of mental illnesses. Schnyder *et al* (pp. 261–268) reveal that self-stigma among those with mental illnesses should be the target to improve help-seeking, rather than general population campaigns. Digital interventions for the socially excluded, for example ethnic minorities, needs more political and research actions to improve access, but also to promote evidence into popular spheres of debate and consumption.[23,24] For example, Tsoi *et al* (pp. 255–260) report on a shorter diagnostic screen for depression in older people, a research paper that is also discussed digitally (in blog format) in order to promote public consumption of and access to research data from the *BJPsych* (see: http://bit.ly/2qscreen).

Are there any limits to the use of digital technology? Autism has been proposed to have similar aetiological factors as non-affective psychoses and there are often concerns about diagnostic camouflage. Larson *et al* (pp. 269–275) show that autism is actually a distinct diagnosis with specific patterns of symptoms when presenting with psychosis. Even though the optimal methods for psychotherapies in autism require more research,[25,26] there is emergent evidence of benefit from digital supports in screening, self-care and supported employment.[27,28]

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