

# Digital mental health in Southwest Asia and North Africa

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For the tenth consecutive year, the Southwest Asia and North Africa (SWANA) region remains the least peaceful region in the world<sup>2</sup> due to extreme geopolitical instability, war, and natural disasters. This ongoing turmoil has caused an exacerbation of mental health challenges (Okasha et al., 2024), which, if left unaddressed, will present the biggest barrier to the reintroduction of stability and the rebuilding of societies.

In July, Zentrum UEBERLEBEN's Ilajnafsy Program<sup>3</sup> hosted a conference titled 'Digital Mental Health in SWANA: What Works, What's Next?'<sup>4</sup> in Egypt. The event brought together experts to explore how digital interventions can provide a much-needed lifeline in the context of a chronic crisis. Held

over two days, the first offered insights from research and practice on digital mental health services, and the second explored how to care for staff in an online setting.

### Current digital solutions

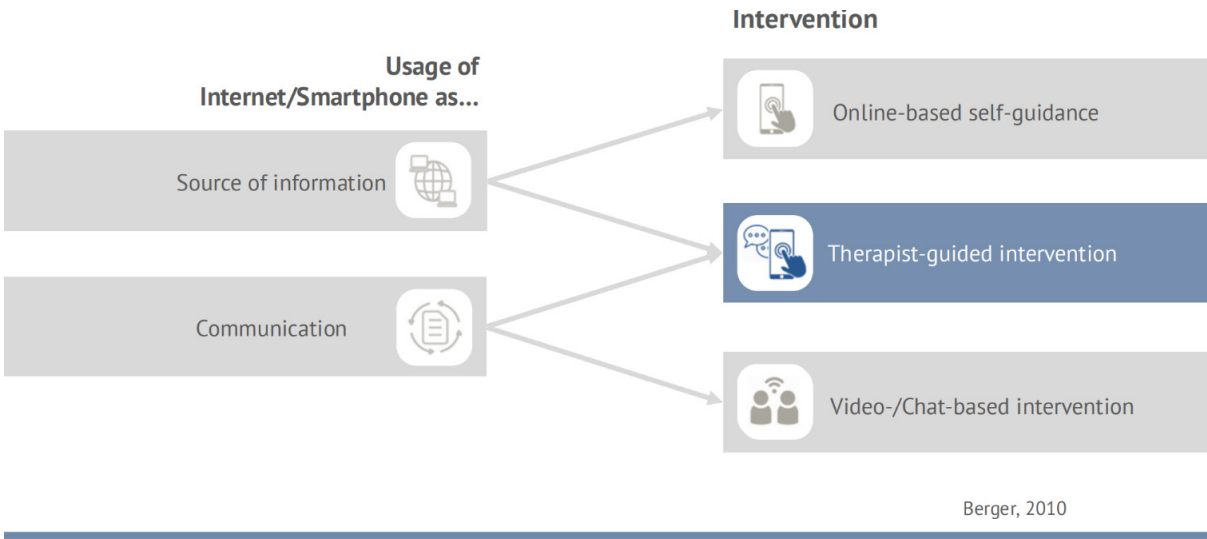
The conference highlighted some innovative digital mental health interventions that are already making a difference:

### The Ilajnafsy Program

The Ilajnafsy Program, running for nearly two decades, was designed by Zentrum UEBERLEBEN,<sup>5</sup> an organisation based in Germany which supports rehabilitation and integration of refugees and migrants. It is an online psychotherapy program which runs an Arabic writing therapy program.

Treatment begins with online registration and a telephonic diagnostic interview, then counselling for conditions such as post-traumatic stress disorder and depression through a written, asynchronous approach. Clients submit written tasks, then receive an individual therapeutic response within 48 hours. It was reported that Ilajnafsy receives about 1,300 new registrations per month.

Figure 1. Categorisation of web-based interventions



1 Program Manager at IRCT

2 Global Peace Index 2025

3 <https://www.ueberleben.org/en/our-work/departments/research-department/ilajnafsy-en/>

4 Digital Mental Health in SWANA: What Works, What's Next?

5 <https://www.ueberleben.org/en/home-en/>

**Table 1.** *Advantages and disadvantages of therapist-guided online interventions*

Advantages	Disadvantages
Accessibility: Due to clients being able to upload their written tasks anytime, this can overcome the time zone barriers	Limited diagnostic possibilities: Therapists cannot be certain without in-person sessions
Activation of patients/clients: The client is the one who writes to the therapist first.	Limited crisis intervention
Visual anonymity/privacy: This helps close age gaps and other potential barriers between the patient and the therapist, thereby reducing stigma as no one sees the other.	Limited non-verbal signals
Easier disclosure: Due to visual anonymity and accessibility.	Negative effects of therapy would be difficult to recognise: During in-person sessions, one would be able to see them through the client's expressions and body language.
Archiving: One can easily go back to past written tasks and assess their progress	
Scaling up: Therapists can take on more clients than if they were solely doing face to face counselling.	

Prof. Dr. Maria Böttche, professor of E-Mental Health and Transcultural Psychology at the Freie Universität Berlin, highlighted what research and practice showed when it came to such types of therapist-guided interventions in Table 1.

#### **PTSD Coach Online – Arabic**

Another digital intervention that was presented was the PTSD Coach Online-Arabic, which is a web-based and mobile app program designed to provide self-management tools and psychoeducation for individuals who may have symptoms of post-traumatic stress disorder (PTSD).

Users of PTSD Coach Online – Arabic can learn about PTSD, take a self-assessment, and track their progress over time. They are also introduced to tools and coping strategies to help manage specific symptoms in real time. The application also assists users in connecting with professional help.

A study was done to evaluate the effectiveness of this intervention in trauma-exposed adults in Egypt. The study showed good feasibility and acceptability and a high perceived benefit. It also showed a small positive effect on symptoms after three months (Miller-Graff et al., 2021).

However, whilst the study showed an increased awareness of PTSD, only 22% of the participants reported frequent usage, suggesting that the addition of human support would lead to more retention.

#### **Step-by-Step**

A guided digital intervention developed by the World Health Organization (WHO) together with the National Mental Health Programme (NMHP) at the Ministry of Public Health in Lebanon, the Step-by-Step program differentiates itself by including trained “e-helpers” who provide technical, emotional and contact-on-demand support. This can take the form of weekly 15-minute phone calls or a message to offer support, motivation, or to assess suicide risk.

The program is structured to allow users to complete one session per week, with the next session accessible only after the previous one is finished. This encourages users to practice the new skills and apply them in their daily lives between sessions.

The study found that despite its limitations- a small, non-controlled sample and a high dropout rate- the intervention appeared to be effective in reducing symptoms of depression and anxiety, and increasing well-being (Harper Shehadeh et al., 2020).

#### **Shezlong**

Most debated at the conference was Shezlong,<sup>6</sup> a digital mental health app that uses AI to assist therapy.

It works by using AI to match the potential client with the best-fit therapist for them based on the client's specific needs.

<sup>6</sup> <https://www.shezlong.com/en>

AI then structures the client's thoughts before the initial session with the chosen therapist, creating a client-approved brief for the therapist to read ahead to save time and increase efficiency.

During sessions, AI can also assist in drafting progress notes, enabling the therapist to focus on clinical work rather than paperwork. Also, if needed, AI can help with the therapist's supervision by offering insights on how they performed during the session, and whether their performance aligned with the chosen treatment plan, thus improving therapeutic skills.

In between sessions, AI can also provide supplementary support, such as mood tracking and guided exercises, at the client's request, thus increasing engagement in between sessions.

With Shezlong, AI is viewed as a tool that can augment a therapist's work, providing more data points than a human can process at any given time. However, ethical concerns were presented. These included data privacy and security concerns, as well as the potential for bias in algorithms, which are often based on data from white male populations. There were also questions of transparency, as AI can act as a 'black box' where even its creators cannot predict its output.

### **Caring for staff in an online setting**

A critical, often overlooked, aspect of mental health care is the well-being of the service providers themselves. Research shows how staff who consistently work with trauma victims are susceptible to suffering from burnout, the symptoms of which are apathy, cynicism towards clients, feelings of hopelessness, rapid exhaustion, irritability and forgetfulness (Pross, 2006). Staff also commonly suffer from PTSD, causing sleep disorders, and can develop compassion fatigue which manifests in feelings of faintness, confusion and isolation from family and friends (Pross, 2006). Apart from personal injury, this can lead to organisational concerns, such as high staff turnover, which can threaten the organisation's sustainability (Rendahl & Santoso, 2019). Caregivers who provide mental health services in a digital capacity face similar emotional and relational challenges and, additionally, technological challenges such as digital 'Zoom' fatigue, which leads to reduced empathy, exhaustion and withdrawal, and the blurring of work-life boundaries, making it difficult to disconnect. Remote work can also lead to feelings of isolation with no informal peer support. Also, working with clients who may be high risk with few to no referral options can lead to an increase in stress and feelings of helplessness.

Dr. Mechthild Wenk-Ansohn, a medical doctor and psychotherapist who has specialised in psychotrauma-therapy (DeGPT) and supervision (DGSv/EASC), reiterated these challenges faced by MHPSS providers. She described how the provider often experiences secondary traumatisation and com-

passion fatigue (Figley, 1995) as well as vicarious traumatisation (Mc Cann & Pearlman, 1990) due to the continuously high pressure, complex problems, and shared feelings of helplessness.

A culture of staff care and external supervision was expressed as essential and one that needs to be addressed at both the organisational and individual levels. Organisations need to implement policies of staff care, risk management, and debriefing protocols. Clear roles, supportive management, and sufficient resources are vital as well. On an individual level, providers were told that they need to reflect on their limitations, set boundaries, and engage in self-care activities.

### **Supervision in Crisis Conditions**

Insights from the Gaza Community Mental Health Program (GCMHP)<sup>7</sup> provided sobering conclusions to the conference. Since 2023, GCMHP has lost four staff members and has had its premises bombed thrice. Despite this, the staff continue to provide services to over 60,000 beneficiaries.

GCMHP staff often lack food, transportation, and data, and frequently work from caravans and camps. Internet disruptions are frequent and mentally disturbing, making remote supervision extremely difficult.

GCMHP's Dr. Yasser Abu Jamei and Rawai Hamam emphasised that supervision from within Gaza is far more effective than from outside, as local supervisors truly understand the depth of the trauma and the context. The unique nature of war trauma means that the supervisors need to have specialised tools to support this region's counsellors.

### **Conclusion**

The ultimate message at the conference was clear: digital mental health holds immense potential, but its success hinges on a multifaceted approach.

Therapist-guided web-based interventions have so far been effective, particularly iCBT interventions for moderate to severe depression (Karyotaki et al., 2021), and they also lowered anxiety symptom severity, increased quality of life (QoL) and improved perceived social support (El-Haj-Mohamad et al., 2025).

In addition to these web-based interventions, discussions emphasised the need for strong partnerships, cultural relevance, and local ownership to achieve sustainable change.

However, as one speaker noted, the ultimate solution is peace, because true healing can only begin when people are no longer in a constant state of traumatisation.

<sup>7</sup> <https://www.facebook.com/gcmhptested/>

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