

New directions in mental healthcare at the population level

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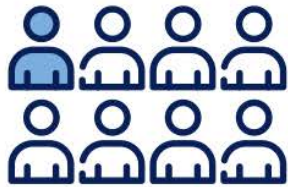
WHO Collaborating Center for Research and Dissemination
of Psychological Interventions



Collège de France, May 29 2026

Mental disorders across the globe

WIDESPREAD



1 in 8

live with a mental health condition

UNDERTREATED



71%

people with psychosis do not receive mental health services

UNDER-RESOURCED



2%

of health budgets, on average, go to mental health

Source: IHME, 2019 (98); WHO, 2021 (5).

Mental health treatment gap



% Syrian refugees with mental health problems not seeking care:

Turkey:

88-90%¹

The Netherlands:

42-60%²

¹Fuhr et al (2020); ²Patanè et al (in prep)

Scalability requires good enough product (vs. perfect) product:

- Modular
- Standardized
- Clear and precise manuals
- No involvement of skilled and highly trained personnel

And the IKEA-effect...

Norton, M. I., Mochon, D., & Ariely, D. (2012). The IKEA effect: When labor leads to love. *Journal of consumer psychology*, 22(3), 453-460



Scalable strategies to increase access



Task-sharing



Digital interventions



¹Singla et al (2021). *JAMA Psychiatry*, 78(5), 498-509; ²Karyotaki et al (2022). *JAMA Psychiatry*;79:430-43.

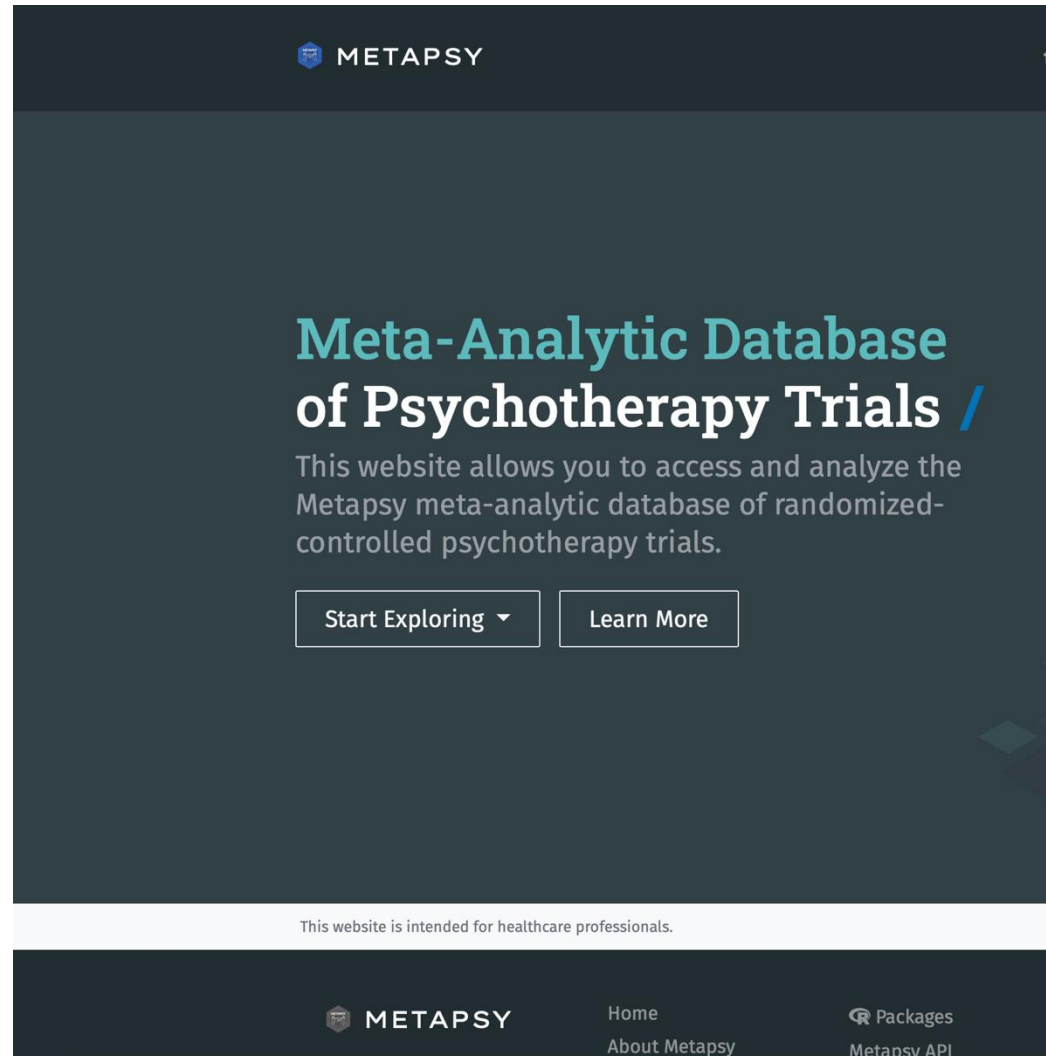
Task sharing: delegation of specialist tasks to non-specialist helpers

E.g.: community health workers, midwives, nurses, primary care providers, village health workers, alternative health providers, teachers, religious healers, community members and peer refugees

Effective in addressing perinatal mental health in high income settings¹ and depression in LMICs²

¹Singla et al (2021). *JAMA Psychiatry*, 78(5), 498-509; ²Karyotaki et al (2022). *JAMA Psychiatry*;79:430-43.

Digital interventions for common mental disorders (www.metapsy.org)



The screenshot shows the Metapsy website homepage. The header is dark blue with the Metapsy logo and navigation links: Home, About, Databases, Software, VU, TUM, and WHO Collaborating Centre for Research and Dissemination of Psychological Interventions. The main content area has a dark blue background with the title 'Meta-Analytic Database of Psychotherapy Trials' in large, light blue and white text. Below the title is a subtitle: 'This website allows you to access and analyze the Metapsy meta-analytic database of randomized-controlled psychotherapy trials.' There are two buttons: 'Start Exploring' with a dropdown arrow and 'Learn More'. At the bottom, there is a footer with the Metapsy logo and links: Home, About Metapsy, Packages, and Metapsy API. A small disclaimer at the bottom left states: 'This website is intended for healthcare professionals.'

METAPSY

About Databases Software VU TUM WHO Collaborating Centre for Research and Dissemination of Psychological Interventions

Meta-Analytic Database of Psychotherapy Trials

This website allows you to access and analyze the Metapsy meta-analytic database of randomized-controlled psychotherapy trials.

[Start Exploring](#) [Learn More](#)

This website is intended for healthcare professionals.

METAPSY Home About Metapsy Packages Metapsy API

Digital interventions for common mental disorders in low- and middle-income countries: A systematic review and meta-analysis

Eirini Karyotaki^{1,2,3} , Clara Miguel^{1,2,3}, Olga M. Panagiotopoulou^{1,2}, Mathias Harrer^{4,5}, Nadine Seward⁶, Marit Sijbrandij^{1,2,3}, Ricardo Araya⁶, Vikram Patel^{7,8}  and Pim Cuijpers^{1,2,3} 

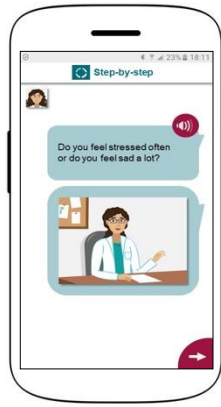
¹Department of Clinical, Neuro-, and Developmental Psychology, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; ²WHO Collaborating Centre for Research and Dissemination of Psychological Interventions, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; ³Amsterdam Public Health Research Institute, Amsterdam, The Netherlands; ⁴Psychology & Digital Mental Health Care, Department of Health Sciences, Technical University Munich, Munich, Germany; ⁵Department of Clinical Psychology & Psychotherapy, Friedrich-Alexander-University Erlangen-Nuremberg, Erlangen, Germany; ⁶Center for Global Mental Health and Primary Care Research, Health Service and Population Research, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; ⁷Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA, USA and ⁸Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Harvard University, Boston, MA, USA

Abstract

Background: In low-resource settings, e-mental health may substantially increase access to evidence-based interventions for common mental disorders. We conducted a systematic literature search to identify randomised trials examining the effects of digital interventions with or without therapeutic guidance compared to control conditions in individuals with anxiety and/or depression symptoms in low- and middle-income countries (LMICs).

Methods: The main outcome was the reduction in symptoms at the post-test. Secondary outcomes included improvements in quality of life and longer-term effects (≥ 20 weeks post-randomisation). The effect size Hedges' g was calculated using the random effects model.

Results: A total of 21 studies (23 comparisons) with 5.296 participants were included. Digital interventions were effective in reducing symptoms of anxiety and depression in low- and middle-income countries.



Step-by-step
digital

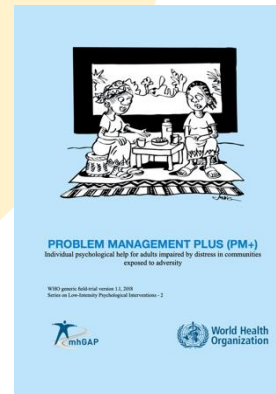
Short

PM+ Group



Trans-
diagnostic

PM+ Individual



Task-sharing

EASE (child)



PM+ (individual and group)

1

Stress management: Slow Breathing

2

Problem Management

3

Behavioural Activation

4

Strengthening Social Support

5

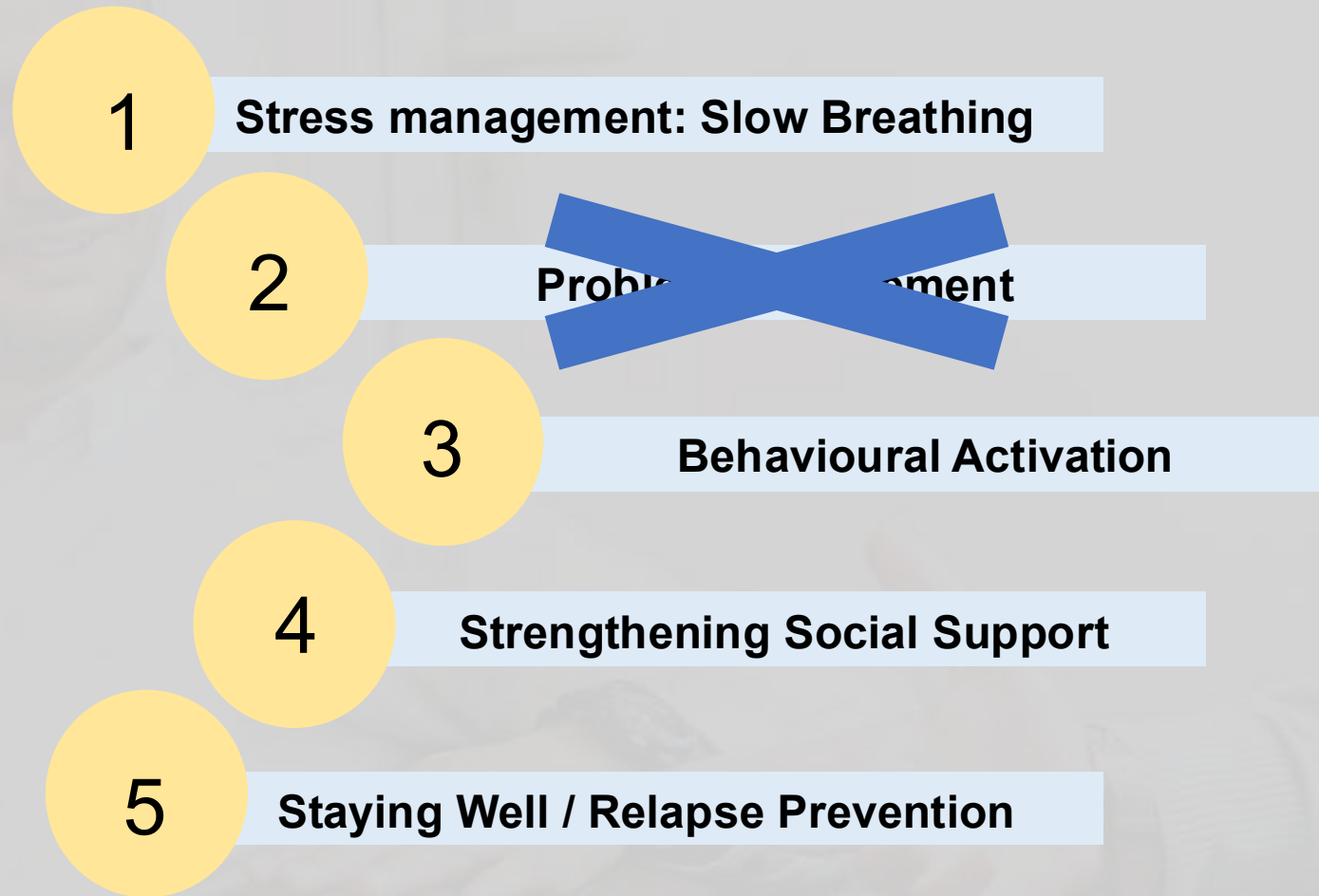
Staying Well / Relapse Prevention

Training model

- ✓ Non-professional or lay helpers
- ✓ 5 days training-of-trainers
- ✓ 8 days training of helpers
- ✓ Ongoing weekly supervision



Digital Step-by-Step (SbS)



Training model

- ✓ Non-professional or lay helpers
- ✓ 5 days training-of-trainers
- ✓ 8 days training of helpers
- ✓ Ongoing weekly supervision



Major public health crisis: Syrian war

Depression (37%); Anxiety (31%),
Posttraumatic stress disorder (27%)¹



Syrian Migration #9; Helen Zughaib

2017-2022
Coordinator:
VU University
Amsterdam



Syrian refugees
with increased
distress (K10 >
15) and reduced
functioning
(WHODAS 2.0 >
16)

Camp &
community
settings





Results individual studies

Country	No. participants	Psychological distress	Functional impairment	PTSD symptoms	Personal problems
Step-byStep (SbS)					
Germany	559	✓ (completers)	-	-	-
Egypt	538	✓	✓	-	-
Sweden	184	✓ (completers)	-	-	-
Lebanon	589	✓	✓	✓	✓
PM+ Individual					
Netherlands	206	✓	-	✓	✓
Switzerland	54	-	-	-	-
PM+ Group					
Jordan	410	✓	-	-	✓
Türkiye	368	-	✓	-	-

Overall positive results, some inconsistencies

SbS studies with contact on demand guidance less convincing results

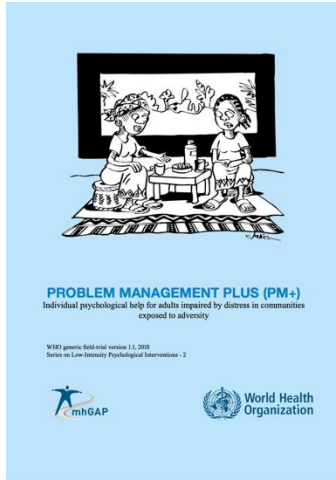
Combining the studies (Cohen's d effect sizes)

PM+/ SbS led to greater reductions on all outcomes

Outcome	Post-intervention	3 months follow-up
Distress	0.28***	0.20***
Depression	0.28***	0.21***
Anxiety	0.23***	0.16***
Functional disability	0.17***	0.15**
PTSD symptoms	0.10*	0.12*
Self-identified problems	0.23***	0.16***

Results

Reductions in psychological distress



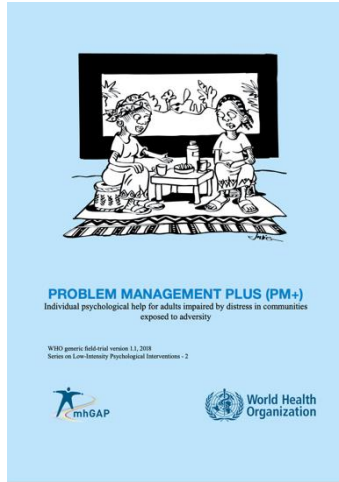
PM+ individual **more effective** than PM+ group at 3 months ($p=0.004$)



PM+ group **less effective** than SbS ($p=0.007$) at 3 months

Results

Reductions in psychological distress



PM+ individual

$d=0.46^{***}$ (1 week)

$d= 0.34^{***}$ (3 months)



PM+ group

$d=0.33^{***}$ (1 week)

$d=0.08$ (3 months)



Step by Step

$d=0.21^{***}$ (1 week)

$d= 0.24^{***}$ (3 months)

What works best for whom?

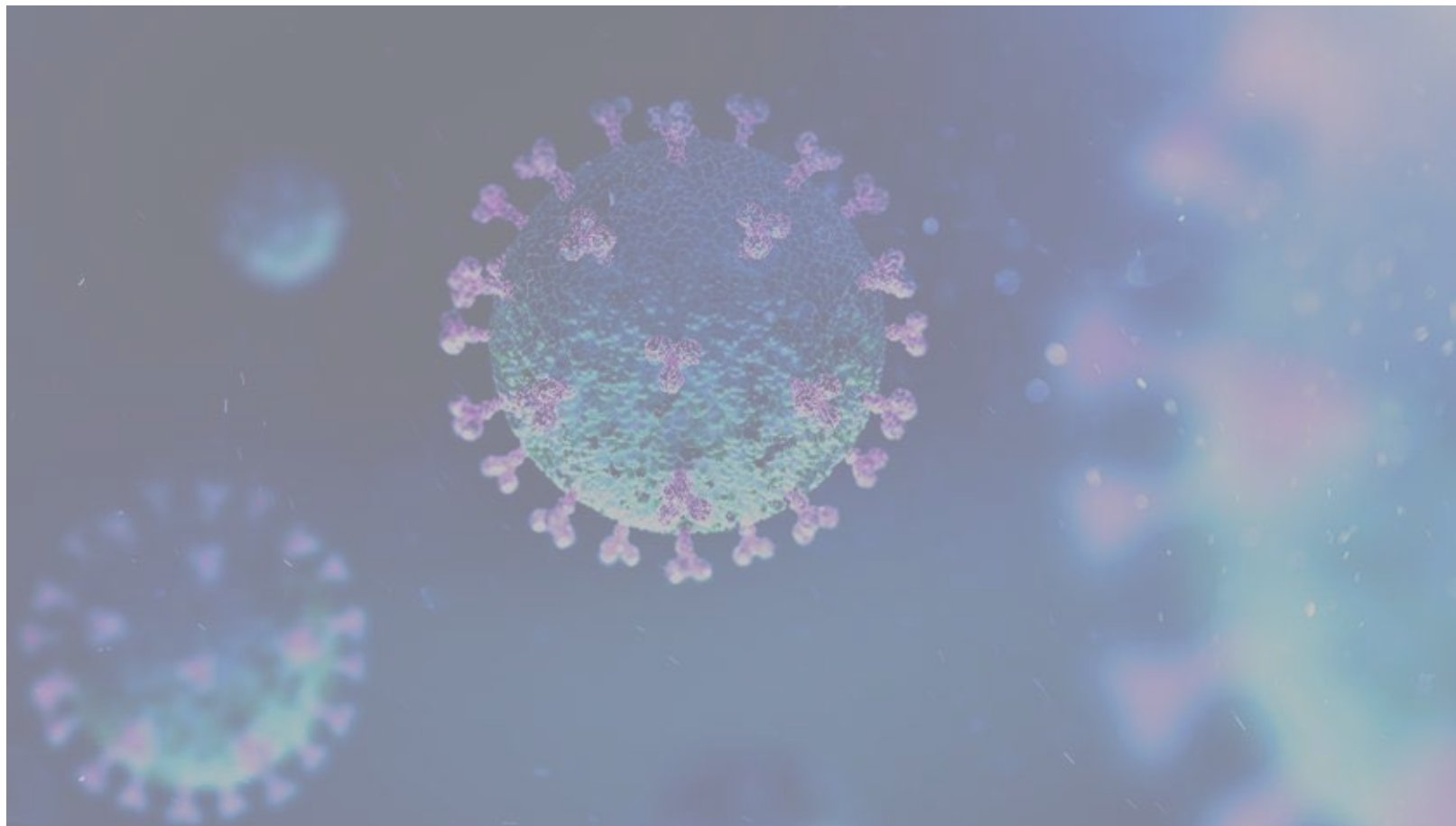
Stronger overall effects in reducing psychological distress of PM+/SbS at 3 months for participants **WITH:**

- **Higher education** ($p < 0.01$)
- **Probable baseline depression** ($p < 0.001$), **anxiety disorder** ($p < 0.001$) or **PTSD** ($p < 0.001$)

BUT: increase in psychological distress of PM+/SbS compared to control for individuals **WITHOUT** a probable baseline depression ($p = 0.0001$), anxiety disorder ($p = 0.008$) or PTSD ($p = 0.04$)

No moderation effects for gender, age, marital status, work status, traumatic events and post-migration living difficulties

RESPOND



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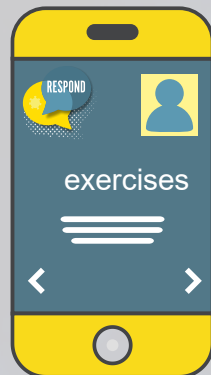


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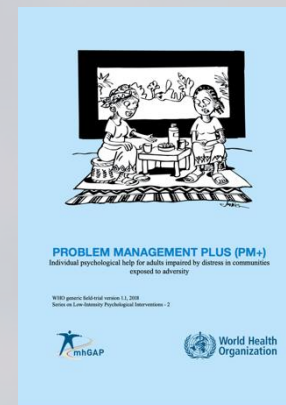


RESPOND

Doing What Matters in times of stress (DWM)



Persistent
distress
(K10 > 15)



Acceptance and commitment
therapy
5 sessions with brief phone
guidance

Problem Management
Plus (PM+)

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RESPOND

4 parallel randomized controlled trials (approx. N=212 each):

1. Health care staff (Spain)
2. Refugees and migrants (Italy)
3. People with unstable housing (France)
4. **Polish labour migrants (Netherlands)**



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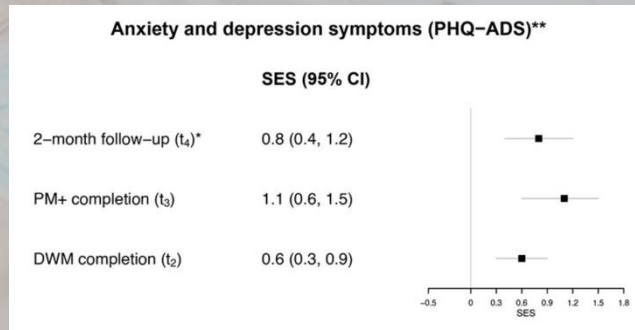
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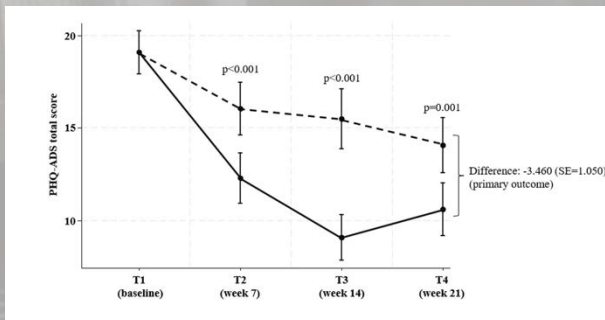
Results in 3 other parallel studies

Health workers in Spain (N=232)



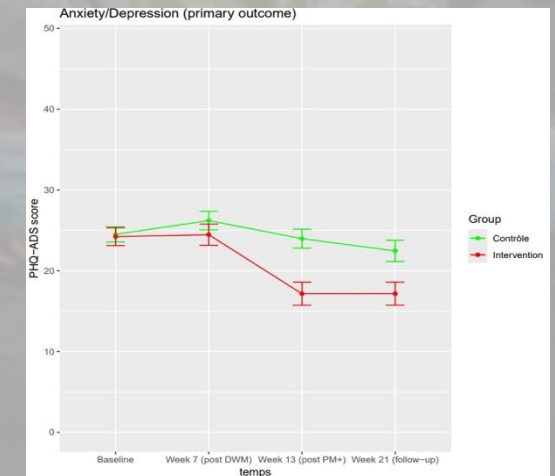
Mediavilla et al, BMJ Metal Health, 2023

Refugees and migrants in Italy (N=217)



Purgato et al, *World Psychiatry*, 2025

People with unstable housing in Paris (N=229)



Roversi et al (in prep)

Concluding

WHO's scalable interventions PM+, SbS and DWM are effective for populations affected by adversity

Improvements on multiple outcomes (depression, anxiety, functional impairment)

Further improvements needed to boost effectiveness

Future research challenges

- Develop and evaluate digital tools for **delivery support of task-sharing** (e.g., Rahman et al., *Nature Medicine*, 2025)
- Examine and compare **effective implementation strategies**, use common metrics
- Further improve effects and adherence (e.g., **chatbots**, **Ecological Momentary Interventions**, **single session interventions**)

With thanks to my collaborators

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