

# Beyond Borders

## Connecting global digital mental health systems

eMHIC, Nous Group and SANE Australia

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# From Fragmentation to Connected Care

In November 2025, global mental health leaders from 24 countries came together in **Toronto, Canada** for a global Think Tank, exploring one critical question: *What are the 2-3 priorities that can be progressed globally to achieve connected mental health care, and what can be done to collaborate on these?*

Led by **Nous Group (Nous)** and **SANE Australia**, the Think Tank surfaced insights grounded in the experiences of mental health system users and help seekers, and the international perspectives and expertise brought by leaders, academics, and practitioners across the globe. Together, participants explored the big ideas, initiatives and innovations emerging across jurisdictions, the shared challenges being confronted by national mental health systems, and the principles that could drive coordinated action.

This white paper synthesizes those contributions and reflects a clear consensus: Health systems everywhere are grappling with rapid technological change. Services are siloed, and the influx of digital tools is making navigation harder, leaving help seekers lost in a 'Google loop of despair'.

Artificial intelligence (AI) is beginning to reshape and accelerate this transformation. While it establishes new ways to connect systems and put mental health support at people's fingertips, it also brings significant clinical safety and mental health system risks, which health systems are only beginning to grapple with.

People live in communities and interact with regional and national mental health system daily, but technology is a global phenomenon with no borders. An effective mental health system today requires global collaboration to ensure the system is helping and not hurting the very people it aims to serve.

The Think Tank crystallized a vision to shift fragmented mental health services through evidence-informed systems, policy, technology and data. The principles to realize an integrated, person-centred mental health system are the same globally – embedded lived experience leadership and co-design, integrated government systems, person-controlled data, digitally skilled workforces, and continuously learning mental health systems.

**The Think Tank implores leaders, policymakers and innovators to progress three international projects in 2026:**

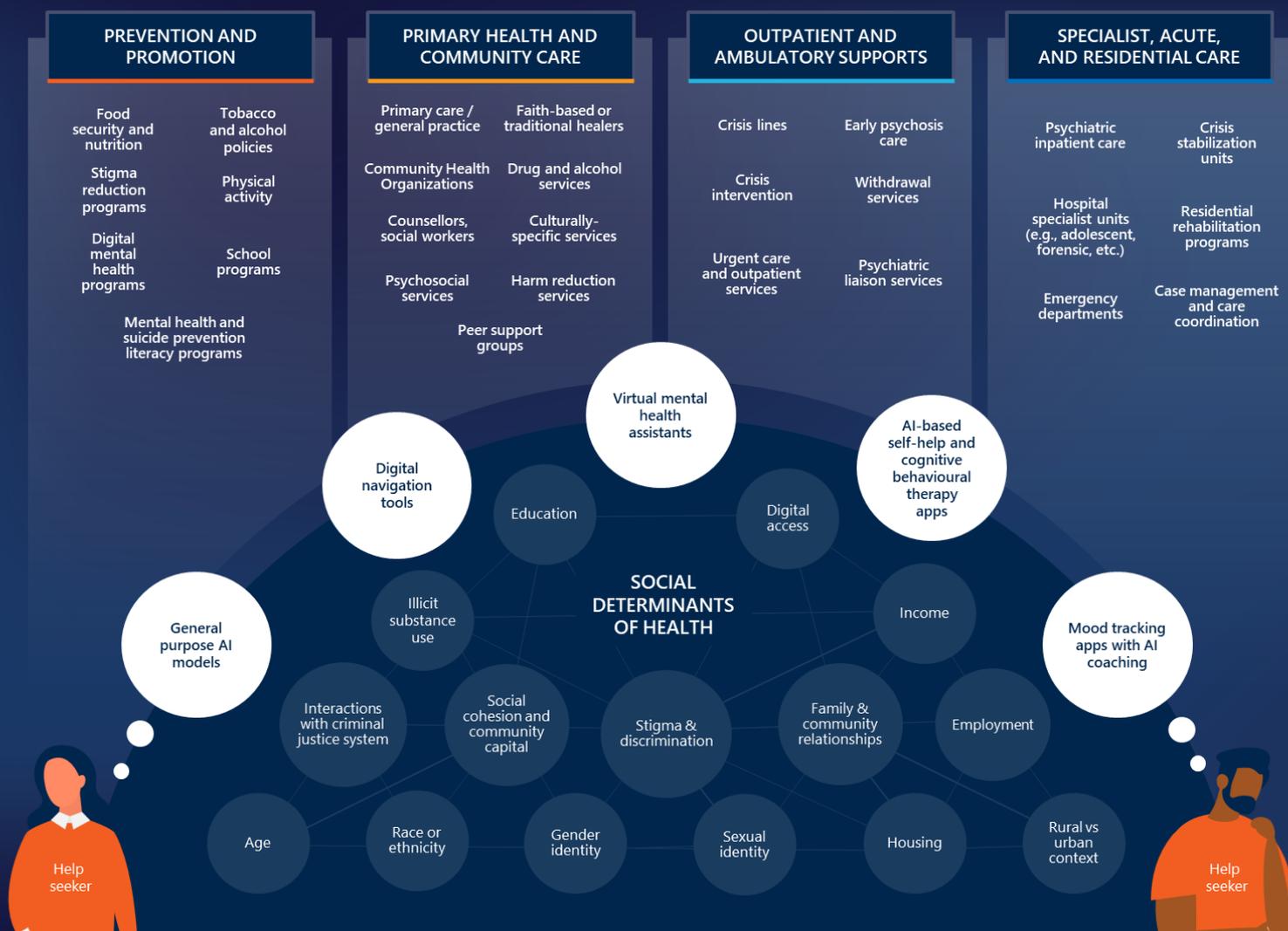
1. Establish an evidence-based Mental Health Outcomes Framework for use across the international community
2. Create a best practice guide to embed lived experience, caregiver and community leadership into mental health governance, service design and evaluation
3. Identify and maintain a 'living' list of AI tools being used in the mental health sector, and how they are helping and/or hurting help seekers, providers and the system.

Without coordinated global action, technology will exacerbate the very barriers it seeks to break. The insights shared in this White Paper outline key findings from the Think Tank and a call to action for health systems to push their thinking on what is possible. By building on each country's successes and lessons learnt, help seekers worldwide will benefit from more connected, person-centred mental health systems.

## Understanding the mental health system landscape

To strengthen digital innovation in mental health care, we must first understand the complexity of the systems it aims to support. Mental health systems operate in complex, interconnected environments, shaped by social determinants, diverse service environments, and public and private infrastructure (Figure 1). These systems intersect with a broader (and international) digital ecosystem, including digital health services, mobile apps, navigation tools and databases, health records and more recently, AI. Taking a system view when looking at mental health care is essential for understanding how digital systems and innovations impact help seekers (consumers, carers, and professionals supporting people with mental health concerns), providers and the broader health system.

Figure 1 | Systems overview of mental health care.<sup>1,2</sup>



## The digital navigation challenge

People across the world are increasingly using digital tools and AI as their entry point to find and access mental health support.

The digital environment is now a central part of how people seek help, make decisions and access care. AI represents the newest addition to this suite of innovation and change. AI describes technologies that can process and learn from external data, and adjust their behaviour to perform specific tasks.<sup>3,4</sup> AI tools can now be accessed by all help seekers with an internet connection, and are now where many mental health journeys begin. This expanding digital environment spans a range of tools and approaches that differ in how they function and how they are used in mental healthcare.

How AI is used by a help seeker varies. Across the globe, AI is now (for better or worse):

- Having conversations with help seekers and delivering mental health support and advice, including cognitive behavioural therapy-based interventions<sup>5</sup>
- Capturing and summarizing discussions between help seekers and clinicians during appointments<sup>6</sup>
- Monitoring how people respond to care, and suggesting adjustments to keep care personalized and effective<sup>7</sup>

Many AI and digital tools act as an informal bridge into the mental health system. While these tools offer convenience, scalability and new approaches to treatment, they introduce quality assurance and equity challenges. These tools are transforming how traditional care pathways connect and integrate with other parts of the system, and how people get the help they need.

### There are limits to digital tools and AI within broader health system contexts

While technology and digital solutions are transforming how people find and receive support, they are not a silver bullet for coordinated and effective care. Digital tools are often constrained by broader system environments, rather than a lack of interest or intent to implement them. Factors such as limited infrastructure, incomplete or low-quality data, chronic underinvestment, workforce pressures and competing national priorities differ across countries, yet reflect shared global patterns. These common challenges reinforce the importance of coordinated global efforts that accelerate knowledge exchange and position digital tools as mechanisms for greater equity.

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“Inequity of access and gaps in the mental health system, combined with the proliferation of tools, apps, and websites, creates a mirage. Countless websites claim to offer help, but leave consumers and carers with the hard task of navigating them, only to find no real support in the fog.”

- Rachel Green, CEO, SANE Australia

## This transformation is unfolding differently across countries.

Some health systems are rapidly adopting advanced AI and digital technologies. In these countries, digital mental health navigation and support tools have proliferated in response to growing demand. Other countries are at an earlier stage, where the priority remains establishing basic recognition and funding for mental health as a core public health need. This makes it difficult for them to prioritize digital solutions within the sector. Simultaneously, all countries are confronted with an increasingly global AI and digital environment, with help seekers accessing the same tools (e.g., generative AI) regardless of where they live.

## Core challenges influence how people find and engage with support in the system.

Persistent system barriers still define the help-seeking experience. These include both long-standing structural barriers and newer, digitally driven complexities. Together, they determine how digital innovation improves system navigation and connected care or unintentionally widens existing gaps.

1. **Disconnected systems create disconnected journeys.** Mental health services are delivered across multiple systems, each designed to respond to a distinct set of needs. But these systems have evolved in siloes and do not interact, leaving help seekers to navigate these complex and fragmented systems on their own.
2. **Linear pathways for non-linear experiences.** Most care pathways are linear, clinical, and rigid, assuming a single-entry point and referral process, even though people's needs are overlapping and dynamic. Services outside these pathways are often inaccessible due to the lack of clear navigation.
3. **Funding structures misalign accountability.** Services are designed to meet funder requirements, rather than the needs of help seekers. This misalignment means that there are limited incentives to provide holistic, person-centred care, and points to ongoing underinvestment in culturally safe and community-built models.
4. **Lack of meaningful involvement of people with lived experience.** Many tools and services are built without meaningful input from the people they aim to support. Co-design approaches are often poorly implemented, with limited lived experience and cultural representation. As a result, services are not appropriate for the diversity of people's needs, limiting accessibility and uptake, especially for historically marginalized communities.
5. **AI expands reach but amplifies risk.** The rapid adoption of AI creates uncertainty regarding who is responsible for the care provided, and for responding to help seeker needs. Without strong safeguards, AI can risk oversimplifying complex needs, provide inaccurate and potentially harmful guidance, and reinforce inequities. To add to this challenge, uptake of specialist AI tools is limited because general-purpose platforms are so prevalent and easily accessible, making them the default entry point for many help seekers.
6. **Paradox of too many tools.** In response to complexity, many services and system stakeholders have built more navigation tools. But having more tools does not always mean better navigation, and often makes things worse, with each solving for a narrow part of the system, with its own underpinning structures, data sources and limited integration with existing resources and systems. Many help seekers end up in a 'Google loop of despair', cycling across tools, repeating their story, and still unable to find the right support.

There are now more than one million mental health and well-being apps worldwide.<sup>8</sup>

## The promise of digital innovation is real, but without coordinated action, it risks reinforcing the very barriers it aims to address.

Recognizing the structural and digital challenges help seekers face underscores that technology alone cannot solve fragmented or inequitable systems. Without attention to address these challenges, digital tools risk perpetuating gaps, inequities, and confusion in care pathways. This highlights the importance of rethinking how mental health systems are structured, ensuring that innovations respond to real-world needs.

### The Digital Navigation Project addressed many of these challenges, but some still remain



#### CASE STUDY

The Australian Digital Navigation Project,<sup>9</sup> led by SANE in partnership with Nous Group, set out to address the persistent challenge of navigating fragmented mental health systems. The project developed sector-owned, integrated digital tools and service directories, aiming to make it easier to find and access appropriate care.

While the project delivered innovative solutions, such as integrated service directories, warm referral mechanisms, and principles of cultural safety, it continues to face many of the same systemic challenges. Funding constraints, manual data updates, lack of coordinated governance, and persistent silos remain significant hurdles. Ultimately, the project demonstrates that digital innovation can improve access and navigation, but without sustained investment and system-wide reform, core barriers like funding and fragmentation endure.

# Forward looking and AI ready system design principles

Every part of the mental health ecosystem has a role to play in realizing systems that are inclusive, collaborative, and reflect real-world complexity.

## We must apply a systems lens when designing models of care, rather than focusing on individual pieces of the puzzle.

Connected care begins with a clear understanding of the different players within mental health systems and how their roles intersect to shape the experiences of help seekers. Every person should experience the system as one continuous journey, with consistent access to the full range of services they need, rather than a series of discrete services, providers, or technologies. Achieving this integration requires a systems-oriented approach, where all aspects (e.g., governance, funding, data and systems) are aligned and evolve together. When these foundations exist, digital solutions can enhance, rather than disrupt, the overall care journey. This can reduce friction, broaden access and enable more timely, appropriate and culturally relevant care, improving real-world outcomes of the people these systems are meant to serve.

AI has the potential to support a systems lens by enabling more coordinated decision-making. For example, AI can be used to support psychiatric triage and referral, shortening wait times and improving continuity (up to 70 per cent shorter wait times observed in initial studies).<sup>10</sup> When embedded within integrated systems, AI can strengthen connected care through more seamless and timely journeys across the mental health system.

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“A truly connected mental health system meets people where they are — in their homes, their cultures, and their communities.

When we ground ourselves in humanity and design with humility, we create pathways that are familiar, safe, and easy to navigate, and unlock the collective power to care for one another locally and collaborate globally.”

- Ray Messom, Principal, Nous Group

## System design principles that realize connected care transcend borders.

The principles below provide a foundation for creating integrated, person-centred mental health systems that can be adapted to local needs and scaled globally. By applying these principles, systems can ensure that digital and AI-enabled tools enhance access, continuity, and quality of care for all help seekers.



**1** Person, family and community-centred care, enabled by genuine co-design and lived experience leadership.

Services must be designed from the ground up with help seekers, their carers, and the broader community. To build systems that genuinely support people, we must embed their voices, preferences, and local context at the heart of design. Equally, design must be informed by high-quality evidence to ensure solutions are effective and sustainable. Co-design should extend to technology to ensure digital solutions support human care and connection rather than replace it. Mental health services should span the full continuum of care, from promotion and prevention to intervention and recovery, responding to the needs and priorities of the people they serve.

**Case Study 1 | Clubhouse model champions strengths-based care to support recovery and build community connection.**

**CASE STUDY**

The Clubhouse model is an internationally recognized, community-based approach to mental health recovery that prioritizes social connection, meaningful work, and a strengths-based philosophy. Members, who are people with lived experience, work side-by-side with staff and other members to manage daily operations, from cooking, reception, administrative tasks, maintaining shared spaces, and coordinating social and vocational activities. This shared leadership and focus on member strengths and interests fosters dignity, belonging, a sense of purpose and autonomy, empowering members to choose their own path to recovery.

Clubhouses address social determinants of health by supporting access to employment, education, housing, socialization and wellness activities. Evidence shows this model delivers positive outcomes, including cost-effectiveness when compared to hospitalizations, improved well-being through stronger social connections, and reduced hospitalizations.<sup>11</sup> The model also supports recovery by fostering social connections, skill development, dignity and a sense of belonging and is effective in helping people with mental illness obtain and sustain employment even during periods of labour market disruption.<sup>12</sup> With over 370 Clubhouses in 32 countries globally,<sup>13</sup> the model demonstrates global reach and adaptability to different contexts, highlighting how community-driven, person-centred approaches can reduce isolation and promote equitable mental health recovery.

**2** Interoperable system integration, governance and coordination to turn fragmented services into a seamless experience.

Systems must be intentionally designed as integrated ecosystems, where governance, funding, and operational structures work together to support cohesive service delivery. Funding mechanisms should incentivize joint leadership across government, private, and community partners. Formal leadership roles for people with lived experience embed accountability and ensure a true 'no wrong door' experience, while interoperable digital tools support continuity of care. Together, these measures ensure that services function cohesively, rather than as isolated components, to deliver a consistent, person-centred experience across the care continuum.

### Case Study 2 | Australia's Collaborative Commissioning shows how governance, funding, and data can transform fragmented care into an integrated system.<sup>14</sup>



#### CASE STUDY

The Collaborative Commissioning reform in New South Wales, Australia, established regional Patient-Centred Co-Commissioning Groups (PCCGs) starting in 2020. These groups bring together hospitals, primary care, community organizations, and community representatives to co-design and share accountability across the system. This structure moves the system's focus away from volume-based care to a value-based system that prioritizes population-level outcomes. Flexible blended funding streams have enabled regions to invest in what their communities actually need, such as coordinated care for people with complex mental health needs. Early evidence shows better coordination across services and improved care experience.<sup>15</sup> By embedding shared governance, financial alignment, and locally tailored pathways, this model creates conditions for sustainable, person-centred care and integrated, outcome-driven systems.

### 3 Person-controlled, privacy-preserving data and decision-making.



Technology should enhance human care and protect autonomy. Person-controlled, privacy-preserving data standards and governance are essential to foster trust. Decisions about technology must be guided by evidence and people with lived experience to reflect real needs, and local regulatory environments and safeguard contexts, gaps and needs (ensuring sensitive mental health data is not misused).

### Case Study 3 | HL7 strengthening trust through global data standards.<sup>16,17</sup>



#### CASE STUDY

HL7 (Health Level Seven International) is a range of global standards that outline interoperable health data exchange protocols to enable seamless information sharing across healthcare systems.<sup>18</sup> HL7's evolving standards strategy, including Fast Healthcare Interoperability Resources (FHIR), shows how open, interoperable data frameworks can support more privacy-preserving, person-centred information sharing in mental health and other areas. FHIR provides a standardized way for help seekers to provide consent, which can enable more coordinated and comprehensive care. In countries embedding HL7/FHIR into national digital health infrastructures, early experience suggests smoother information flow and better continuity of care, though formal evidence on public trust and outcomes remains emerging.

## 4 A digitally skilled and supported workforce.



Staff need training and supportive practice environments to build their capacity to deliver care and navigate services in an increasingly digital landscape. This need is amplified as AI tools become more accessible and integrated with care. Competency frameworks should integrate digital literacy, AI-informed decision-making, and culturally safe digital care. Standardized digital and AI competencies also create transferable skills across roles and subsectors. Organizations need enabling policies, tools, and dedicated time for staff to adopt new models with confidence and care. As AI is introduced, organizations need to account for the additional ethical and governance AI-related considerations to support an AI-enabled workforce. When workforces are prepared for these innovations, digital tools can support better experiences and outcomes for help seekers.

### Case Study 4 | Building a digitally skilled workforce with the Centre for Addiction and Mental Health (CAMH)<sup>19</sup>



#### CASE STUDY

The Centre for Addiction and Mental Health (CAMH)'s Digital Innovation Hub in Ontario, Canada, offers a model for how organizations can strengthen digital capability across the mental health workforce. Its clinician competency stream supports staff through hands-on training, co-design sessions, and mentorship to build confidence and effectiveness in and around using digital tools.<sup>20</sup> A key feature is its Digital Navigators project, where specialist staff guide both clinicians and help seekers in selecting, using, and troubleshooting digital mental health technologies, with efforts to embed these supports into clinical workflows. CAMH's structured approach, including dedicated time and collaborative environments, positions workforces to adopt tools more safely and effectively.

## 5 Continuous evaluation, learning, and improvement.



Mental health systems must be dynamic, with mechanisms to monitor outcomes, assess effectiveness, and respond to changing needs. Shared and standardized metrics, real-time data, and feedback from help seekers, carers, and providers can support iterative improvement. By embedding learning into the system, services and digital tools can evolve safely, equitably, and in ways that consistently enhance the help-seeking journey.

### Case Study 5 | NHS Talking Therapies embedding continuous learning<sup>21,22</sup>



#### CASE STUDY

The NHS Talking Therapies program, established in England and co-led for many years by Professor David Clark, is a leading global example of continuous evaluation at system scale. From its inception in 2008, the program has required routine outcome measurement for 98 per cent of service users via validated standardized tools. This regular collection of data helps track symptom change, inform evidence-driven practice and improve overall quality and cost-effectiveness of care.<sup>23</sup> The program supports over a million people annually, and demonstrates how standardized metrics, systematic data collection, and iterative practice improvement can improve care.

# Identified actions

Five actions were identified to take steps toward connected, person-centred care. These represent structural changes and long-term priorities to strengthen mental health systems and create conditions for more connected care.

Actions were explored across seven cross-cutting dimensions of connected care in mental health, outlined in Figure 2.

Figure 2 | Dimensions of connected care<sup>24,25,26</sup>



This model articulates universal levers to realize person-centred care, drawing upon **international contemporary models** for mental health transformation.

**The WHO Integrated Framework for Mental Health, Neurological, and Substance Use (MNS) Conditions**

Launched in 2024, this framework provides an operational blueprint to help countries embed mental, neurological and substance use conditions within the broader public health and sustainable development agendas.

**The European Health Data Space (EHDS)**

A 2025 EU regulation, this establishes a Member State-wide legal and technical framework for secure use and exchange of health data. It gives EU citizens full control over their digital health records and enables access across borders.

**The Organization for Economic Co-operation and Development Framework for People-Centred Health Systems**

Launched in 2021, this framework identified critical dimensions of person-centred health systems and provides measurable indicators and policy benchmarks to help governments assess and improve how their health systems respond to public needs and preferences.

# Five actions were developed as long term priorities to collectively pursue across the 24 countries.

 <p><b>Establish shared, outcomes-based indicators for mental health.</b></p>	<p>Participants repeatedly reported frustrations with the current data ecosystem, and that international collaboration requires countries to speak the same language. The most critical action for the international community was determined as taking steps towards joint terminology and standards for outcome-based indicators.</p>
 <p><b>Embed lived experience, caregiver and community leadership in governance, design and evaluation.</b></p>	<p>The lack of meaningful co-design with help seekers in mental health systems and services, including people from diverse cultural backgrounds and genders, contributes to services, measures and organizational ways of working that are not designed for those in need. International commitments around lived experience co-design are a foundation for future mental health systems to deliver better outcomes.</p>
 <p><b>Establish government-wide long-term mental health priorities and outcomes.</b></p>	<p>Mental health priorities, funding and sustainability are reported to change with government cycles, undermining efforts of the sector to develop long-standing approaches to support help seekers. A shared long-term vision for governments and priorities on how to achieve this are essential for mental health systems to create connected and sustainable systems.</p>
 <p><b>Build private, public and community sector interoperability and partnerships.</b></p>	<p>The Think Tank showed the role that all organizations have in realizing person-centred care. Global initiatives, such as eMHIC, are key avenues to increase connection across borders. Locally, government policy and funding landscapes must reflect the reality that help seekers often require help across services, and establish mechanisms to endorse and encourage interoperability.</p>
 <p><b>Deploy fit-for-purpose AI tools focused on enhancing continuity, service effectiveness and efficiency.</b></p>	<p>AI is here, accessible and in the hands of help seekers and providers. Tools focused on the help seeker experience and the delivery of connected care, supported by strong governance to prevent bias and inequity, are fundamental to mitigating clinical and system risks posed by new technology. Training and understanding of these tools are pivotal, ensuring the scope and risks of AI are reflected in its use.</p>

“These actions require defining leadership, fostering collaboration, testing solutions in real-world settings, and establishing accountability so help seekers benefit now, not later.”

- Think Tank attendee

# A call to global action and collaboration

The Think Tank highlighted immediate steps that can be taken now to build shared understanding and drive progress towards more connected care. These steps crystallize a shared vision to shift fragmented mental health services through evidence-informed systems, policy, technology and data.

## Technological disruption and innovation present an opportune moment to establish a shared vision and commitment to close systemic gaps in mental health care.

The Think Tank highlighted the collective and shared challenges experienced across the globe and the risk of moving forward without coordinated and shared action.

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“Now is the time to put the humanity back in mental health and wellness, for global standards of care.”

- Think Tank attendee

## Where to from here?

The Think Tank implores leaders, policymakers, and innovators to take steps to realize a future-looking global health system. Three international projects were called upon to be progressed in 2026:

1. Establish an evidence-based Mental Health Outcomes Framework for use across the international community. This framework would identify core universal outcomes sought and define the core components of a system which supports the achievement of those outcomes.
2. Create a best practice guide to embed lived experience, caregiver and community leadership into governance, service design and evaluation to achieve universal outcomes. This would highlight best practice examples from countries and organizations that have successfully embedded these structures, along with the impact on help seeker experience and outcomes.
3. Identify and maintain a ‘living’ list of AI tools being used in the mental health sector. This list would include initial insights regarding how they are helping or hurting help seekers, providers and the system.

Leading experts from across the globe identified the shared need for an organization (or group of organizations) to champion and take responsibility for these actions. Early alignment among leading countries on these fundamentals underpins a foundation for broader international adoption (and local adaptation). The 2026 eMHIC Think Tank is an opportune moment to share progress and findings and establish international standards for accountability to respond to an increasingly global mental health ecosystem. The outputs from the 2026 Think Tank should also be leveraged to identify how health systems can better establish shared long-term visions for mental health systems, and encourage greater public, private and community interoperability.

Help seekers cannot wait for systems to catch up. The Think Tank urges investment in international action to transform mental health systems from fragmented to connected.

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*“This Think Tank sends home that while it’s a world of difference, we have one direction to travel. We need to acknowledge this globally and step forward together.”*

- Think Tank attendee

# Appendix A Key ideas and insights shared

The 2025 eMHIC Think Tank was structured as a day-long event designed to foster collaboration and actionable insights (Figure 3). Presentations allowed participants to explore global innovations and challenges spanning across different elements of the mental health system. Throughout the day, attendees contributed ideas via facilitated discussions and digital polling.

Figure 3 | Structure for event:



Insights were gathered from 79 worksheets and 100 online survey responses, facilitated by Nous. The broad spectrum of ideas reflects the diversity of ~150 participants in the session. These participants included lived experience advocates, academics, government and policy leaders and other mental health experts.

*Please note: Nous, SANE and eMHIC do not formally endorse any of the following ideas and have only collated the participants' wide range of ideas into a structured format without further analysis and external validation. Insights are based on attendee opinion, which may not be fully representative of broader stakeholder or community views. These ideas should be interpreted as exploratory rather than prescriptive. They are intended to inform discussion and future initiatives, not to serve as definitive policy or clinical guidance.*

## Challenges experienced and novel approaches observed across the globe

As part of the "Scan" and "Focus" portions of the Think Tank (Figure 3), Think Tank attendees participated in an Insights Tour, a series of small-group sessions designed to explore different dimensions of mental health systems, global challenges, and innovative solutions. Each station focused on a distinct theme and was facilitated by subject matter experts. Worksheets and online survey polls were used to capture participant reflections on these topics, ensuring a mix of qualitative insights and real-time engagement.

The topics covered were:

1. **The role of crisis and acute supports**
2. **Designing effective and integrated mental health systems**
3. **AI: the path or the destination**
4. **Community as a foundation for mental health recovery**

The topics were designed to span across different components of the mental health ecosystem. Each session began with a short presentation by facilitators, followed by a discussion with attendees (Table 1). Participants were encouraged to share insights, provocations, and examples from their own contexts. These inputs informed the challenges and design principles described in this White Paper.

**Table 1 | Insights tour discussion summary.**

Topic	Discussion summary
<b>Role of crisis and acute supports</b>	<ul style="list-style-type: none"> <li>• Crisis lines like 988 Suicide &amp; Crisis Lifeline in the United States are essential, particularly in complicated, private systems.</li> <li>• Single-session interventions are not enough: systems need referral pathways and medium- and long-term supports.</li> <li>• Anonymity reduces stigma but complicates warm handoffs and continuity of care.</li> <li>• Expansion opportunities include integrating crisis lines with community supports and exploring AI for quality improvement.</li> </ul>
<b>Designing effective and integrated mental health systems</b>	<ul style="list-style-type: none"> <li>• Attendees emphasized how systems should be designed so that help seekers only need to “tell their story once.”</li> <li>• Current systems face long wait times, funding gaps, and unregulated private care.</li> <li>• Integrated models require shared data, clear referral pathways, and outcome-based funding.</li> <li>• Education and policy should incentivize workforce and family involvement, which are critical enablers of care.</li> </ul>
<b>AI: the path or the destination</b>	<ul style="list-style-type: none"> <li>• AI is emerging as a potential first point of engagement for help seekers, offering the perception of a neutral third party, but raises concerns regarding data privacy and algorithmic bias.</li> <li>• Guardrails designed to mitigate risk often reduce usefulness and user engagement. For example, mental health tools and services that are transparent about AI use can paradoxically reduce user trust and openness. There needs to be a balance between safety and engagement.</li> <li>• Global policy frameworks for AI in mental health remain fragmented; global standards (e.g., WHO guidance) are emerging but in early stages.</li> <li>• Most valuable near-term use cases may be administrative and clinical support (e.g., AI scribes, triage support).</li> </ul>

Topic	Discussion summary
Community as a foundation for mental health recovery	<ul style="list-style-type: none"> <li>• Clubhouse model demonstrates the impact of community-based, non-clinical interventions for recovery, which emphasizes belonging, shared leadership, and strengths-based approaches.</li> <li>• Clubhouses address social determinants and psychosocial needs, often overlooked in clinical models.</li> <li>• Digital pathways should complement, but not replace, in-person community engagement.</li> </ul>

## Actions to achieve connected care

Think Tank attendees worked in small groups to identify concrete actions that individuals, organizations, and systems can take to advance connected care in mental health. Discussions were structured around five dimensions of connected care, with each group tasked with defining 2-3 accompanying actions. Attendees summarized their ideas on worksheets and submitted their ideas in an online survey platform. Table 2 provides a summary of this session.

These contributions supported the development of actions and next steps in the White Paper.

**Table 2 | Summary of reflections and actions discussed across small-group sessions.**

Dimension	Reflections	Actions discussed
Stewardship	<ul style="list-style-type: none"> <li>• Think Tank attendees reflected on the need for leadership in mental health to establish a shared vision and understanding of intended outcomes and data collection standards.</li> <li>• There were felt to be opportunities to more clearly establish the public health system’s role in setting measures, and/or information on population health outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish long-term mental health strategies that operate throughout and beyond political cycles.</li> <li>• Establish government-wide outcomes that support a shared understanding of what success looks like across government bodies and agencies.</li> </ul>
Workforce design and capability	<ul style="list-style-type: none"> <li>• Think Tank attendees reflected on the changing work environment, including digital job displacements, and the importance of clinicians and peer support workers being trained and competent to use digital tools.</li> <li>• Common challenges to be addressed through actions included a time-poor workforce facing a growing demand and aging population, and unclear and intersecting scopes of practice locally and globally.</li> <li>• The importance of keeping a focus on workers beyond physicians and clinicians was also emphasized. The mental health workforce must be considered alongside teachers,</li> </ul>	<ul style="list-style-type: none"> <li>• Provide learning opportunities for clinical and community workforces to understand how to best work together to deliver multidisciplinary care.</li> <li>• Emphasize a competency-based training model focused on mental health literacy, beyond just formal qualifications.</li> <li>• Define the scope and roles of the mental health workforce, and how clinicians, allied health and the peer and community workforce can task share to meet current and emerging demand.</li> <li>• Educate the mental health clinical and community-based workforce to leverage</li> </ul>

Dimension	Reflections	Actions discussed
	community workers, counsellors, and peer workers who often provide frontline support.	digital tools to deliver better care (including AI).
<b>Digital and data infrastructure</b>	<ul style="list-style-type: none"> <li>• Think Tank attendees reflected on digital and data infrastructure being a key aspect to enable effective decision making and system planning.</li> <li>• Actions focused on overcoming current state challenges of diverse data definitions and structures, and inaccessible data.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish shared, outcomes-based data standards for mental health that reflect help seeker needs and value-based care (leveraging the work of OECD).</li> <li>• Leverage existing and future demand, unmet need, and outcome data to inform system decision making and investment.</li> <li>• Establish global data sharing agreements.</li> </ul>
<b>Culture and leadership</b>	<ul style="list-style-type: none"> <li>• Think Tank attendees reflected on the role of senior leaders in influencing behaviours in the mental health system and organizations.</li> <li>• Attendees reflected on the importance of leaders keeping the help seeker front of mind. This could be supported through direct reporting opportunities from front-line workers to senior leadership and lived experience roles and committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure the voices of help seekers, caregivers and community are captured in service and system decision making.</li> <li>• Educate and train leaders on person-centred leadership and skills to create psychologically safe workplace cultures, with mandatory training requirements to ensure consistency and accountability.</li> </ul>
<b>Partnerships and networks</b>	<ul style="list-style-type: none"> <li>• Think Tank attendees reflected on the need for more strategic leadership and partnerships globally and locally. Funding and measures supporting collaboration were felt to be a key avenue to increase the number and quality of local and global partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish funding incentives for increased partnerships (across organizations, including public/private/government).</li> <li>• Facilitate more frequent knowledge exchange opportunities (e.g., through UNICEF).</li> <li>• Establish local coordination bodies, centralizing landscape mapping activities, and leading the development of best practice frameworks for service delivery, monitoring and evaluation.</li> </ul>

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