



eMHIC 25

10th DIGITAL MENTAL
HEALTH GLOBAL CONGRESS

Congress Report



Mental Health
Commission
of Canada

SUPPORTED BY
Commission de
la santé mentale
du Canada



19–21 November 2025 \ Toronto, Canada

eMHIC25: A Decade of Progress and Momentum

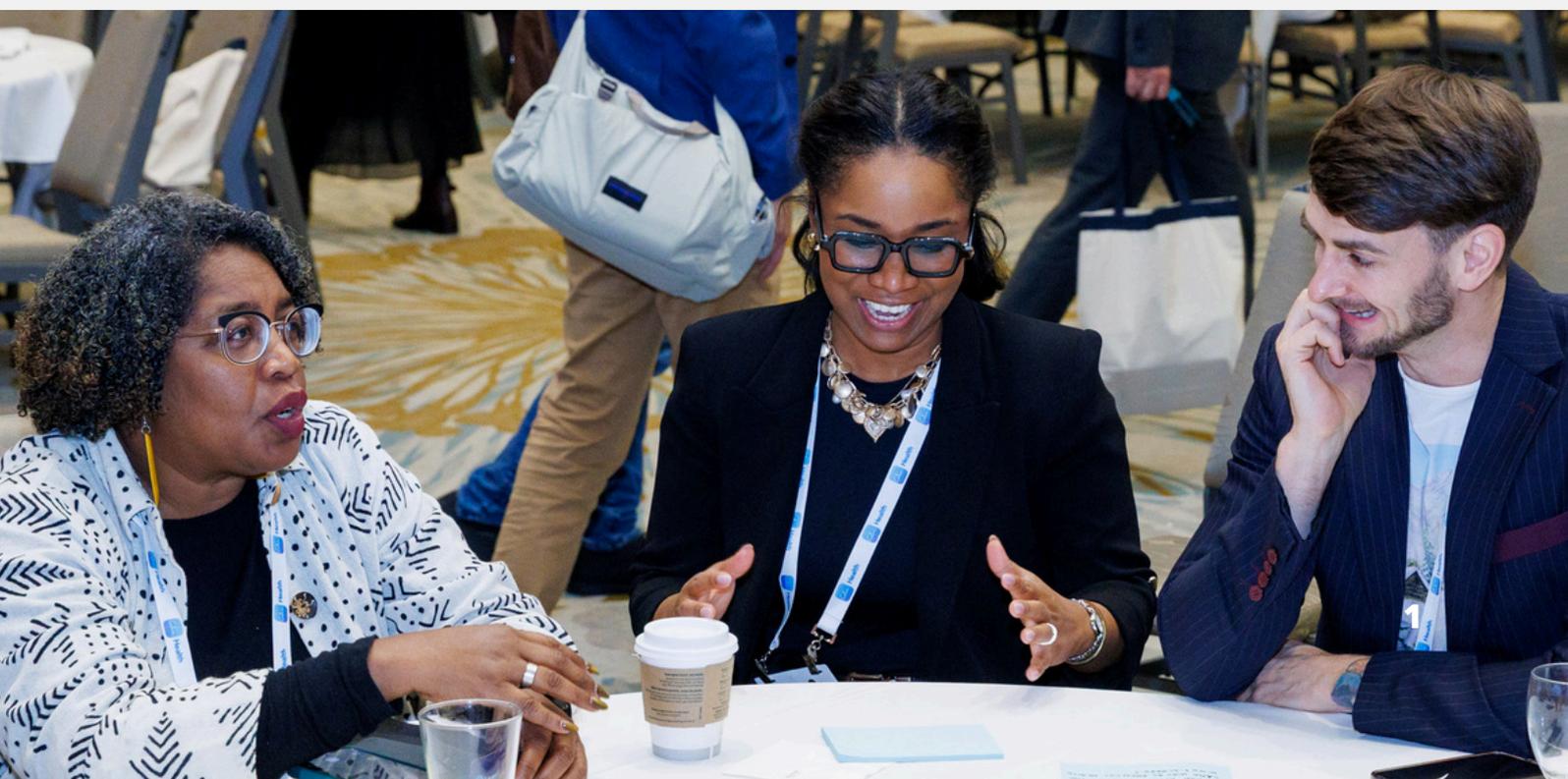
eMHIC25 marked a defining moment for the global digital mental health community, bringing together leaders from over 45 countries across all seven continents around the theme “**Global Mental Health Equity: Digital Solutions for an Interconnected World**”.

Over three days, the Congress reflected a field moving from vision to implementation, united by a shared commitment to building connected, equitable, and human-centred systems of care.

Every speaker and delegate contributed to a deeper understanding of digital mental health as both a technological and systemic transformation. Through open dialogue across policy, research, technology, clinical practice, and lived experience, the Congress fostered meaningful exchange, strengthened global relationships, and translated ideas into action.

As conversations unfolded across themes of connected care, responsible AI, and system design, a clear message emerged. Digital mental health is no longer a future ambition, but an active and evolving reality.

eMHIC25 was both a celebration of ten years of global collaboration and a catalyst for what comes next, continuing to build an accessible, integrated mental health ecosystem for all.



Thank you to those who made it possible

PARTNER

As a Congress partner, the MHCC hosted a booth and funded travel for 10 members with lived experience from their Hallway Group and Youth Council. Additionally, the MHCC participated in nine presentations, with Board Chair, Chuck Bruce and CEO, Lili-Anna Pereša in attendance.

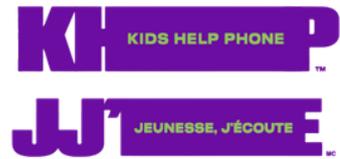


Commission de la santé mentale du Canada

Mental Health Commission of Canada

PLATINUM

We sincerely thank Kids Help Phone, our Platinum Sponsor of eMHC25. Their support was instrumental in bringing the event to life.



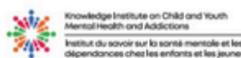
GOLD



SILVER



BRONZE



ATTENDANCE



TOTAL IN ATTENDANCE

602 **136**
 IN-PERSON VIRTUAL

45+ COUNTRIES REPRESENTED
 ACROSS ALL 7 CONTINENTS



INCLUSIVITY EMPHASIS

PARTICIPATION BY PEOPLE WITH LIVED EXPERIENCE & STUDENTS

5

INDUSTRY GROUPS



ACADEMIA



HEALTHCARE IT



GOVERNMENT POLICY/ STRATEGY



LIVED EXPERIENCE



FRONTLINE WORKFORCE



SENIOR GOVERNMENT OFFICIALS AND DECISION MAKERS FROM THE FOLLOWING COUNTRIES

ARGENTINA
 AUSTRALIA
 CANADA
 CHINA
 DENMARK

INDIA
 NETHERLANDS
 NEW ZEALAND
 PHILIPPINES
 SRI LANKA

SINGAPORE
 UNITED ARAB EMIRATES
 UNITED KINGDOM
 UNITED STATES
 WALES

178

LEADING ORGANISATIONS



8

GLOBAL PEAK BODIES



KEY INDUSTRY BODIES INCLUDED:



3 GOOD HEALTH AND WELL-BEING



WORKING TOWARDS THE ACHIEVEMENT OF UN SUSTAINABLE DEVELOPMENT GOAL #3: GOOD HEALTH AND WELL-BEING

7

KEY DISCUSSION AREAS

AI AND MACHINE LEARNING - YOUTH MENTAL HEALTH AND ENGAGEMENT - PEER SUPPORT AND LIVED EXPERIENCE - TELEHEALTH AND CRISIS SUPPORT - WORKFORCE DEVELOPMENT AND TRAINING - EQUITY, CULTURE, AND INCLUSION - POLICY, SYSTEMS, AND IMPLEMENTATION

Key Themes

Across the Congress, a number of clear themes emerged, reflecting shared insights and directions across the field.

1. From fragmented services to connected mental health ecosystems

A major theme across the Congress was the need to move beyond disconnected tools, siloed services, and isolated pilots toward connected mental health ecosystems. Speakers repeatedly emphasised that the challenge is no longer simply building more digital tools, but creating systems that help people move through care more easily, safely, and coherently.

Rachel Green (SANE Australia) captured this clearly in the opening plenary, noting that Australia has 59 search tools and databases, yet 59% are internal-only, 35% are Excel spreadsheets, and 83% rely on manual staff updating, helping explain why so many people still struggle to find support. Her proposed solution, “syndication,” was a notable systems idea: rather than building more directories, create one robust search and recommendation infrastructure and embed it across multiple entry points.

Frederik Lindencrona (SKR Sweden; eMHIC Board) reinforced that communities are not primarily asking for more apps, but for “collaboration, shared problem-solving, and reduced friction between sectors,” adding that “the system is not what we think it is – the system is how we relate.”

Several speakers showed what more connected infrastructure can look like in practice. **Dr. Daniel Fung** (Institute of Mental Health, Singapore) described a tiered model that builds from the population base upward, integrating social, brain-body, and digital components.

“Communities are asking for collaboration, shared problem-solving, and reduced friction between sectors. The system is not what we think it is – the system is how we relate.”

Frederik Lindencrona, SKR Sweden

A/Prof. Christopher Cheok (Institute of Mental Health, Singapore) and others also highlighted how Singapore's national infrastructure, including SingPass, national health records, and integrated systems, enables more seamless care coordination than the fragmented environments seen elsewhere.

Providing a broader regional perspective, **Chunxi Liu** (New York University Shanghai, China) highlighted disparities in mental health workforce distribution across Asia and the role of digital tools in addressing these gaps. Reviewing 89 studies, the research found that around 70% of interventions focus on basic communication, with limited integration into care pathways. While examples from India and China showed promise, the findings emphasised the need for integrated, hybrid models embedded within primary care to achieve scalable, equitable impact.

Similarly, **Malik Rizwan** (Valentia Technologies, New Zealand) discussed integrated care hubs that connect health and social supports, while **Konain Qurban** (Axon Health / University of Ottawa, Canada) presented a federated data governance model that preserves privacy while achieving 99% of the performance of centralized models, a strong example of ecosystem-level design without centralized data risk.

A related implementation insight came from **Michael Assiamah** (Swiftacare, Canada), who argued that many access problems stem not from a lack of caring professionals, but from broken referral coordination. **Daniel Penn** (Tickit Health, Canada) showed how digital intake tools can reduce these frictions dramatically, with one partner clearing a 200-person waitlist, cutting intake time from 45 minutes to 9 minutes, and increasing therapy sessions from 1,200 to 4,400 annually.

This theme points to a broader conclusion: the field is shifting from isolated innovation toward system orchestration.

Key Takeaways

- Navigation failure is a systems problem, not a supply problem
- Integration and interoperability outperform standalone tools
- Data infrastructure and service coordination are critical enablers
- The field is shifting toward ecosystem-level design

2. Access as Usability, Not Availability

Another dominant theme was that access is not simply about whether a service exists. It is about whether support is usable, trusted, culturally relevant, and reachable within people's actual lives.

Senator Kathy Hay (Kids Help Phone, Canada) described the scale of the youth mental health crisis in Canada, with young people waiting 6 months to 2 years for services. That makes digital support not just an enhancement, but a bridge during periods when formal care is unavailable.

Multiple presentations challenged the assumption that access improves simply by adding more digital tools. **Dr. Zeinab Hijazi** (UNICEF) distinguished between digital access, digital skills, and digital safety, noting that 1.3 billion school-age children still lack internet at home. **Dr. Ken Carswell** (WHO) shared that youth involved in co-design across six countries specifically rejected app-based solutions in favour of web-accessible chatbots because of phone storage limitations.

A number of examples illustrated how low-burden interventions can still have substantial impact.

- **Dr. Madelaine de Valle** (Flinders University, Australia) found that emailing a simple PDF about neuroplasticity to people on eating disorder waitlists was as effective as more intensive retention strategies.
- **Prof. Vincent Agyapong** (Dalhousie University, Canada) showed that Text4Hope supported more than 60,000 people during COVID-19, with sustained benefits, and that during the 2023 wildfires recipients showed 60% lower suicidal ideation after six weeks than new subscribers.
- **Dr. Belinda Agyapong** (Global Psychological eHealth Foundation, Canada) also reported significant reductions in stress, depression, and anxiety through the Wellness for Teachers SMS program.

“

"The issue is not one divide, it's actually three divides. It's the digital divide, who can get online at all and who can't. It's the digital skills divide, who knows how to navigate the online role safely and confidently. And the digital safety divide, who is protected from harm and who is exposed to it every day."

Dr. Zeinab Hijazi, UNICEF

”

Several speakers focused on early activation while people are still waiting for care. **Daniel Penn** framed this directly in the virtual stream: waitlists should not remain passive delays; they can become active periods of support through screening, check-ins, and digital engagement.

The same logic appeared in school-based examples, where universal screening was presented as a structured entry point into earlier and more equitable pathways.

Dr. Deborah Wang (The Affiliated Kangning Hospital of Wenzhou Medical University) and **Yi Xu** (Zhejiang Jerinte Health Technology Co., Ltd) presented a digital mental health clinic embedded within secondary schools in China, offering private, on-demand support through a soundproof, booth-like interface. Students accessed audio and video consultations, educational content, and clinical pathways, with strong usage outside traditional hours. Over six months, the platform facilitated 340 consultations and identified cases of suicidal ideation, demonstrating how discreet, always-available infrastructure can bridge gaps between demand and limited resources, reframing access as usability in real-world settings.

Another strong case study came from **Alisa Simon** and **Dr. Lydia Sequeira** (Kids Help Phone, Canada), whose Resources Around Me platform aggregates over 40,000 services and has generated 180,000 visits since launch. This is a concrete, named example of scalable navigation infrastructure.

The overall message was consistent: access must be designed around how people actually live, search, wait, communicate, and decide.

Key Takeaways

- Access depends on usability, timing, and real-world context
- Low-intensity interventions can deliver large-scale impact
- Early activation reduces deterioration during wait periods
- Designing for real behaviour improves engagement

3. Equity, Culture, and Context as Foundational Design Principles

The Congress strongly reinforced that equity cannot be retrofitted after launch. It must be built into design, governance, data, implementation, and evaluation from the outset.

Dr. Zeinab Hijazi (UNICEF) and others stressed the importance of designing for the child with the least access. **Cindy Hansen** (Holistic Research Canada) argued that bias in digital mental health tools is cumulative across data, design, and deployment, meaning equity has to be “engineered” across the whole system. **Dr. Manasi Murthy** (University of Melbourne, Australia) similarly argued that cultural adaptation must be foundational, not additive.

A particularly strong conceptual contribution came from the discussion of “cultural integration” over “cultural safety”, arguing that systems should not merely avoid harm, but actively privilege different knowledge systems and ways of understanding wellbeing.

Trust emerged as the currency that determines whether technology lands in communities. **Dr. Rebecca Pillai Riddell** (DIVERT Mental Health / York University, Canada) noted that moving at the “speed of trust” meant abandoning institutional habits and spending years visiting marginalized communities directly. **Darya Rostam** (Koya University, Iraq) demonstrated how a Kurdish-language chatbot can function as a frontline resource precisely because it is linguistically and culturally specific.

Some of the strongest equity contributions came from Indigenous and community-led work. **Taryn Ellens (Alnome)** stated that “data is never neutral,” arguing that what counts as health always reflects the worldview of the system builder. In northern Indigenous communities, wellness was described not in diagnostic terms but through land, kinship, housing, safety, and culture.

Kelly Gregoire (TryCycle Data Systems, Canada) provided another compelling example through Talking Stick, which has reached more than 48,000 users and 322,000+ interactions, representing 25% of Saskatchewan’s First Nations population.

“ We can only move at the speed of trust. Every community said, ‘We love what you’re doing, but you have to come visit us.

*Dr. Rebecca Pillai Riddell,
DIVERT Mental Health,
Canada*

”

Several speakers highlighted that equity is not only about who can access services, but how systems respond once people enter them. Digital solutions that fail to account for language, literacy, cultural norms, and lived realities risk creating a second layer of exclusion, even when access appears to be technically available. This was particularly evident in discussions on youth and Global South contexts, where participants noted that many widely used tools are designed for ideal conditions rather than constrained environments. Designing for intermittent connectivity, shared devices, and non-clinical pathways was seen as essential to ensuring relevance and uptake.

Prof. Liao Zhang (Wenzhou Medical University, China) demonstrated how culturally adapted design can improve engagement by integrating cognitive behavioural therapy with traditional Chinese medicine in a digital insomnia intervention. By positioning sleep as an acceptable entry point into mental health, the approach reduces stigma while aligning with patient preferences for holistic care. Delivered through a 21-day digital programme, it achieved outcomes comparable to in-person therapy, reinforcing the importance of designing with cultural context rather than around it.

This extends into how access is actively supported within systems. **Iman Kassam** (Centre for Addiction and Mental Health, Canada) highlighted the role of digital navigators in helping individuals move through complex care pathways, particularly those at risk of being excluded, reinforcing that access often requires guidance, not just availability.

There was also a strong focus on the role of data in advancing equity. Work presented by teams from Women's College Hospital and Carleton University (Canada) emphasised the need for equity-oriented data collection and shared standards, enabling systems to identify gaps, learn, and adapt over time rather than relying on fragmented insights.

Finally, **Malik Rizwan** (Valentia Technologies, New Zealand) demonstrated how integrated care models linking mental health with housing and social services better reflect lived realities, reinforcing a shift toward systems that recognise mental health as deeply interconnected with broader social determinants.

Key Takeaways

- Equity must be designed into systems from the outset
- Cultural context shapes engagement and effectiveness
- Trust is the foundation of adoption
- Access requires active support, not just availability
- Data and integrated systems are critical to advancing equity

4. AI as Augmentation, Not Replacement

AI was one of the most visible threads across the Congress, but the dominant message was not automation for its own sake. It was that AI should extend care, reduce friction, and support humans, with clear guardrails.

Smriti Joshi (Wysa) offered one of the strongest conceptual frames of the Congress, calling for a shift from “human-like AI” to “humane AI.” She outlined five non-negotiables: safety before scale, transparency before trust, privacy as dignity, equity by design, and human oversight. This framework reflects a broader movement toward embedding ethics directly into product and system design.

The idea that AI should augment rather than replace clinicians also came through in the metaphor of AI as the world’s keenest “junior clinician,” requiring supervision and boundaries. **Dr. Megan Jones Bell** (Google) added a workforce perspective, noting that healthcare providers spend 28 hours per week on administrative tasks, highlighting the opportunity for AI to reduce bureaucracy and restore time for direct care.

Several real-world implementations demonstrated the impact of targeted AI use. **Todd Haedrich** (LIO) reported that ambient monitoring systems prevented 400 safety incidents in a 100-bed inpatient facility and freed up 25% of staff time for therapeutic engagement. **Mohsen Omrani** (OPTT Health, Canada) described an AI-supported triage system that reduced psychiatrist wait times by 70%, identifying that 60% of mild-to-moderate cases could be redirected to more appropriate care pathways.

In crisis settings, **Sami Barbir** and **Keshav Gosain** (SKAI, Canada) highlighted how AI can support real-time triage where call wait times range from 11 to 40 minutes, helping prioritise individuals at highest risk.

At the same time, several speakers emphasised restraint and realism. **Dr. Gregory Kiar** (Child Mind Institute, Canada) demonstrated that reducing AI complexity—from 95% AI to 5–10% AI—improved usability and trust. He also noted that clinician adoption increased significantly when AI outputs included transparent source references.

“ We don't think that AI should be unleashed in its current state to treat people with disorders. But that doesn't mean that we can't elevate resources, elevate information, maybe provide some level of self help, evidence based guidance.

*Dr. Megan Jones Bell,
Google*

”

Youth-focused services reinforced the urgency of this work. **Alisa Simon** (Kids Help Phone, Canada) highlighted that young people are already using general AI tools for mental health support at scale, including for suicide-related conversations, despite these tools lacking appropriate safeguards or connections to care.

The emerging consensus is not about AI replacing care, but about identifying bounded, high-value applications that enhance human systems.

Key Takeaways

- AI's greatest value lies in augmenting human care, not replacing it
- High-impact use cases focus on triage, efficiency, and reducing system burden
- Simplicity, transparency, and usability drive adoption
- Ethical frameworks and human oversight are essential for safe deployment

5. Trust, Safety, and Governance

Trust emerged as a critical bottleneck to adoption, with many speakers noting that technological capability is advancing faster than confidence in its safe and ethical use.

Holly Coole (MHRA, UK) described the UK's regulatory framework for digital mental health technologies, distinguishing between wellness tools and medical devices. This framework has already resulted in non-compliant tools being removed from NHS use, demonstrating the growing role of regulation in shaping the market.

Dr. Gareth Hopkin (NICE, UK) explained that regulatory and advisory bodies are moving toward lifecycle-based evaluation models, allowing technologies to evolve while maintaining oversight. This represents a shift away from static evidence requirements toward continuous assessment.

In Canada, **Dr. Kim Corace** (Canadian Centre on Substance Use and Addiction) and **Maureen Abbott** (Mental Health Commission of Canada) introduced Canada's first AI guidance framework for mental health and substance use care, structured around 10 key considerations spanning transparency, human-centred care, and data governance. This marks a significant step toward formalising AI use in mental health systems.



The importance of quality assurance was also evident in Newfoundland and Labrador's curated app library, presented by **Brittany Howell** (Government of Newfoundland and Labrador) and **Courtney Simonick** (ORCHA Health). The framework evaluates tools against 400+ criteria, with a 70% minimum threshold, and includes continuous monitoring to ensure ongoing compliance.

Maria Palombini (IEEE, USA) highlighted the need for global standards, noting that digital tools are inherently cross-border, while regulatory frameworks remain largely national.

Emerging technologies are also creating new governance challenges. **Dr. Elisabeth Steindl** (University of Vienna) pointed to gaps in regulation around neurotechnology that can infer mental states, raising questions about privacy, consent, and data ownership.

Across sessions, the message was clear: trust must be actively built through transparency, accountability, and robust governance frameworks.

Key Takeaways

- Trust is a prerequisite for adoption and sustained use
- Regulatory frameworks are evolving to support innovation while ensuring safety
- Standardised evaluation and quality assurance are becoming essential
- Global coordination is needed to address cross-border technologies

6. Lived Experience and Co-Design

The Congress highlighted a significant shift from consultation-based approaches toward shared authority and genuine partnership with people with lived experience.

Raffela Mancuso (Staya, Canada) outlined practical requirements for meaningful youth engagement, including compensation, flexible participation, accessible language, and the use of platforms that young people already inhabit. This reflects a move away from tokenistic involvement toward structural inclusion.

Dr. Zeinab Hijazi (UNICEF) emphasised that working with young people in mental health contexts also requires explicit attention to emotional safety, particularly in digital environments. **Aida Alarova** (UNICEF) noted that all countries implementing uSupport are required to establish Youth Advisory Boards, embedding co-design into system governance.

The role of storytelling emerged as a powerful tool for change. **Grace Curtis** (New Zealand Government) demonstrated how lived experience narratives can influence policy decisions, while **Asante Haughton** and **Hailey Hechtman** (Unsinkable, Canada) showed how storytelling can drive cultural change within organisations.

Jimmy Westerheim (The Human Aspect, Netherlands) presented a global repository of 800+ lived experience stories from over 100 countries, with a major development being its integration into the Norwegian education system, where it forms part of a structured national curriculum.

“ Ensuring that you have folks with lived and living experience, diverse lived experience at the decision making table [is crucial], not as an afterthought. Don't just put us on advisory committees and say you'll run it by us. Bring us to the table at the forefront of where the decisions are being made.

Haley Peek, Haley Peak Consulting

”

Speakers also highlighted the structural implications of co-design. **Dr. Aislin Mushquash** (Lakehead University, Canada) and **Dr. Leslie Roos** (University of Manitoba, Canada) emphasised that meaningful partnership requires researchers and organisations to adapt their approaches based on community input, even when this challenges initial plans.

Anita David and **Samuel Breau** (Mental Health Commission of Canada) identified practical barriers, including funding constraints, scheduling flexibility, and the impact of honoraria on disability benefits and taxation, underscoring that co-design requires infrastructure, not just intent.

Key Takeaways

- Co-design requires shared power, not consultation
- Lived experience strengthens relevance, trust, and impact
- Storytelling is a powerful driver of cultural and policy change
- Meaningful participation requires structural support and investment

7. Implementation as the Primary Challenge

A consistent theme across the Congress was that the greatest barrier to progress is not innovation, but implementation.

Professor David Clark (University of Oxford, UK) presented the NHS Talking Therapies model, which treats 670,000 patients annually, achieves 50% recovery rates, and delivers a 5.5:1 economic return, demonstrating that effective models already exist at scale.

Despite this, adoption remains uneven. **Marie Paldam Folker** (Centre for Digital Psychiatry, Denmark) noted that digital mental health is still often perceived as “second best,” limiting its integration into mainstream care.

Funding instability was also highlighted. Strongest Families Institute reported downsizing by 25% despite strong outcomes, while Wellness Together Canada, which served 4.2 million users, was discontinued, illustrating the fragility of even large-scale initiatives.

Jimmy Westerheim (The Human Aspect) identified middle management as a key bottleneck, often slowing or blocking innovation despite support at leadership and frontline levels.

System-level implementation strategies were also discussed. **Ray Messom** (Nous Group, Australia) presented performance frameworks spanning 228 hospitals and 500+ community services, enabling coordinated improvement across large systems.

Phil Grady (Health New Zealand) emphasised that policy alone is insufficient without resourcing and operational execution.

Overall, the Congress reinforced that progress depends not on generating new ideas, but on scaling and sustaining what already works.

Key Takeaways

- Implementation is the primary barrier to progress in digital mental health
- Proven models exist but are not consistently scaled or sustained
- Funding, governance, and organisational dynamics shape outcomes
- System-level coordination is essential for impact

8. Prevention, Early Intervention, and Whole-System Mental Health

The Congress reflected a growing shift toward prevention, early intervention, and integration of mental health into everyday environments.

Dr. Nahida Ahmed (Sakina Mental Health, UAE) described embedding mental health screening into routine processes such as insurance renewals, reframing mental health as a core component of population health.

Dr. Sandeep Vohra (No Worry No Tension Healthcare, India) introduced the Stressometer, positioning mental health screening alongside physical health monitoring tools.

Evidence presented across sessions demonstrated the effectiveness of low-intensity interventions. **Elli Kolovos** (Flinders University, Australia) reported that a personalised seven-day intervention produced moderate effect sizes of 0.5, while **A/Prof. Ryan Balzan** (Flinders University, Australia) showed that a single-session intervention could achieve outcomes comparable to multi-session therapy.

Dr. Belinda Agyapong (Global Psychological eHealth Foundation, Canada) presented findings from the Wellness4Teachers program, demonstrating significant reductions in stress, anxiety, and depression through scalable, low-intensity digital support delivered via text-based interventions.

Broader societal factors were also emphasised. **Dr. Janvier Rugira** (United Nations) reported that loneliness is associated with 871,000 deaths annually, with only eight countries currently having national policies addressing it.

“

We need to think in the area of digital innovation, solving problems that people have. But at the same time, I would argue that we need the social connection, the human connection, as much as we can, because when we stay alone, we are simply making this silent public health emergency even become worse.

”

Dr. Janvier Rugira, United Nations

Workplace mental health was another key focus. **Paula Allen** (TELUS Health) and **Dr. William Ajayi** (Netflix) emphasised that digital tools cannot compensate for poor workplace culture, and that organisational factors play a central role in mental health outcomes.

Hybrid models combining digital and human support consistently showed stronger results, reinforcing the importance of integrating technology within relational systems.

Key Takeaways

- Mental health is shifting toward prevention and early intervention
- Low-intensity and digital-first interventions can deliver strong outcomes
- Mental health is shaped by broader social and environmental factors
- Human connection remains central within digital systems



For the first time eMHIC hosted a delegation from China at the Congress led by Dr Weili Guan, Chairman of Board from Wenzhou Kangning Hospital

Breakthroughs and Announcements

Across the Congress, several major developments signalled meaningful progress at a system level, spanning policy, regulation, infrastructure, and investment.

New National and Global Frameworks

- Canada's first AI guidance framework for mental health and substance use establishes 10 core considerations across transparency, human-centred care, and data governance.
- The UK's MHRA and NICE outlined world-leading regulatory pathways for digital mental health technologies, including lifecycle-based evaluation models that allow tools to evolve while maintaining oversight.
- Mental health was formally recognised within the UN Global Digital Compact, with four explicit references, marking a significant elevation of digital mental health in global policy.

System Infrastructure and National Implementations

- Singapore's integrated digital health infrastructure continues to demonstrate a highly coordinated model, enabling seamless navigation across services through national systems such as SingPass and unified health records.
- Newfoundland and Labrador (Canada) launched the country's first provincially curated mental health app library, developed with ORCHA, using 400+ evaluation criteria and continuous monitoring to ensure quality and safety.
- UNICEF's uSupport platform is scaling across multiple countries as a shared digital mental health infrastructure, with Youth Advisory Boards embedded in each implementation to support local relevance and governance.

Major Investments & System-Level Commitments

- The Ontario Government announced a \$3.8 billion investment over 10 years in mental health services, signalling sustained long-term commitment.
- McKinsey Health Institute highlighted a \$6.2 trillion global economic opportunity linked to improving brain health, reframing mental health as a central economic priority.

New Perspectives

Alongside system-level developments, the Congress surfaced a range of emerging ideas, models, and perspectives that are shaping the future direction of digital mental health.

Reframing AI in Mental Health

- AI is increasingly positioned as a support layer within care systems, often described as a “junior clinician” that requires clear boundaries, supervision, and accountability.
- There is a growing emphasis on human-centred AI, with safety, transparency, privacy, and equity emerging as core design principles rather than afterthoughts.
- Simpler, more targeted applications are proving more effective than complex systems, highlighting the importance of usability, trust, and integration into existing workflows.

Rethinking Access, Systems, and Engagement

- New system models are emerging that prioritise integration over fragmentation, including approaches that embed shared infrastructure across platforms rather than creating additional standalone tools.
- Access is being reframed as real-world usability, requiring solutions to align with how people actually live, communicate, and seek support.
- Engagement strategies are shifting toward low-barrier, accessible formats, with growing recognition that design choices must reflect device limitations, digital literacy, and user context.

Equity, Culture, and Human-Centred Systems

- A shift emerged from “cultural safety” to “cultural integration”, embedding diverse worldviews into system design rather than adapting dominant models after the fact.
- Data and digital systems were recognised as inherently shaped by cultural assumptions, reinforcing the need for context-aware design.
- Trust was identified as foundational, with an emphasis on working at the “speed of trust” when engaging communities.



[Visit the eMHC25 On-Demand Library →](#)

Free to access for existing eMHC Strategic Partners, Trailblazers and eMHC25 Congress Attendees



Scaled Impact in Practice

Across the Congress, multiple organisations demonstrated what effective digital mental health looks like when implemented at scale, with measurable outcomes and real-world impact.

NHS Talking Therapies United Kingdom	Scale: 670,000 patients treated annually Impact: 50% recovery rate; 5.5:1 economic return What's notable: Near-complete outcomes monitoring (98% data capture) and long-term national implementation
Text4Hope Canada	Scale: 60,000+ users Impact: 60% lower suicidal ideation after six weeks What's notable: Low-cost, SMS-based intervention delivering population-level outcomes
Avery (Drive Health) United States	Scale: Always-on AI “clinical teammate” supporting care teams at scale Impact: Delivers coordinated, proactive care interactions without increasing workforce demand What's notable: Represents a shift from digital support to agentic care—where AI doesn't just inform, but acts within defined clinical boundaries
Talking Stick Canada	Scale: 48,000+ users; over 322,000 interactions Impact: Reached approximately 25% of Saskatchewan's First Nations population What's notable: Culturally grounded digital platform designed with and for Indigenous communities
Mental Health America United States	Scale: 25 million self-assessments delivered Impact: Widespread early identification and access to support What's notable: One of the largest global examples of scalable, evidence-based digital screening

<p>eMHPrac New Zealand</p>	<p>Scale: National workforce transformation initiative Impact: Accelerates adoption by equipping clinicians with the skills and confidence to activate digital tools What's notable: Shifts digital implementation from isolated pilots to embedded, system-wide practice</p>
<p>Wellmob Australia</p>	<p>Scale: National First Nations platform Impact: Culturally grounded wellbeing resources What's notable: Designed by and for Aboriginal and Torres Strait Islander communities</p>
<p>MIND Netherlands</p>	<p>Scale: National mental health organisation with broad public reach Impact: Public awareness and system advocacy What's notable: Combines lived experience with digital engagement</p>
<p>Kids Help Phone Canada</p>	<p>Scale: 25 million+ youth interactions Impact: 24/7 national support across phone, text, and digital What's notable: One of the most advanced integrated youth mental health systems globally, combining digital tools, AI-supported triage, and human support at scale</p>
<p>Crisis Text Line United States</p>	<p>Scale: Millions of crisis conversations globally Impact: Real-time text-based crisis support What's notable: Pioneered large-scale, text-based crisis support, using data and AI to improve response and identify risk patterns</p>
<p>Lifeline International Global</p>	<p>Scale: Network of crisis centres across 40+ countries Impact: Global suicide prevention and crisis support infrastructure What's notable: Connects national helplines into a coordinated international network, supporting knowledge sharing and capacity building across regions</p>

eMHIC Global Awards

The eMHIC Global Awards 2025 took place on the evening of November 20, celebrating outstanding achievements in digital mental health innovation and leadership worldwide.

eMHIC recognises exceptional contributions to digital mental health through a range of awards, including national, global, and lifetime achievement honours. These awards celebrate leaders who demonstrate meaningful impact, implement solutions at scale, and inspire others through integrity, innovation, and vision.

Hosted by **Brigitte Truong** (RALLY Canada), with contributions from leaders including: **Hon. Vijay Thanigasalam** (Associate Minister of Mental Health & Addictions, Ontario Government), **Anil Thapliyal** (eMHIC), **Frederik Lindencrona** (eMHIC Board), **Elise Paul** (Core Solutions Inc.), and **Phil Grady** (Health New Zealand), the event reflected the collaborative spirit of the global eMHIC community.

Awards at a Glance

33 awards were presented across countries and regions, spanning both developed and developing nations.

The categories were as follows:

- **4 Global Impact Awards**
- **A new AI Innovation in Digital Mental Health Award** (Sponsored by Core Solutions)
- **23 Country Leadership Excellence Awards** spanning Australia, Bangladesh, Canada, China, Denmark, Abu Dhabi, Dubai, England, India, Iraq, Ireland, Netherlands, New Zealand, Norway, Philippines, Scotland, Singapore, Spain, Sri Lanka, Sweden, Taiwan, USA, and Wales
- **5 Lifetime Achievement Awards**

The awards reflected significant progress in digital mental health globally, including:

- Cross-border collaboration across 45+ countries
- Evidence-based digital interventions reaching millions of people
- Integration of AI with human-centred care approaches
- Strong emphasis on lived experience and co-design
- Advancing national and international policy frameworks

Special Moments

- A welcome acknowledging Indigenous lands and the Dish with One Spoon covenant
- Announcement of the Ontario Government’s \$3.8 billion investment over 10 years in mental health services
- Recognition of eMHIC’s contribution to the UN Global Digital Compact
- Closing led by Dr. Judy Kurianski, with the “eMHIC for Peace” celebration

The evening captured the energy, collaboration, and shared commitment of the global digital mental health community.

Across regions and sectors, award recipients demonstrated the scale of impact already being achieved—and the collective momentum driving the field forward toward more accessible, equitable, and effective mental health systems.





2025 Global Award Winners

Global Impact Awards

- Hon. Katherine Hay (Kids Help Phone)
- Dr. Ken Carswell (WHO)
- Dr. Megan Jones Bell (Google Health)
- Prof. Judy Kurianski (Columbia University / UN Advisor)

Lifetime Achievement Awards

- Michel Rodrigue
- Dr. John Torous
- Krista Vanderheide
- Dr. Janice Wilson
- Dr. Daniel Fung

AI Innovation Award (Sponsored by Core Solutions)

- LIO (Todd Haedrich, CEO) - FDA-cleared contactless platform for inpatient mental health care, incorporating ambient monitoring and compliance reporting

Country Awards

- **Singapore** - Health Promotion Board (National Sleep Challenge)
- **Denmark** - Heka VR and VIRTU Research Group
- **USA** - Mental Health America
- **Bangladesh** - Women Support Initiative Forum
- **England** - Professor David Clark (Talking Therapies)
- **Scotland** - Mark Fleming (Scottish Government)
- **India** - Dr. Sandeep Vora (No Worry, no Tension Healthcare)
- **Australia** - Rachel Green (SANE)
- **Philippines** - Dr. Noel Reyes (National Center For Mental Health)
- **Canada** - Dr. Vincent Agyapong (Global Psychological eHealth Foundation)
- **Netherlands** - Juliët Holtschlag (MIND)
- **Wales** - Digital Health and Care Wales
- **Ireland** - Dr. Ruth Melia (University of Limerick)
- **Sri Lanka** - Ananda Galappatti (MHPSS.net)
- **Norway** - Jimmy Westerheim (The Human Aspect Foundation)
- **New Zealand** - Ember Innovations
- **Sweden** - 29K Foundation
- **Emirate of Abu Dhabi** - Dr. Nahida Ahmed (SAKINA)
- **Emirate of Dubai** - Dr. Khulood Alsayegh (Dubai Health Authority)
- **Spain** - Dr. Juan José Martí Noguera (Digital Mental Health Consortium)
- **China** - Dr. Guan Weili (Kangning Hospital)
- **Taiwan** - Dr. Yuan-Hwa Chou (Taichung Veterans General Hospital)
- **Iraq** - Darya Rostam Ahmed (Axon Foundation for Research and Development)

All award winners have been inducted into the eMHIC Hall of Fame [here](#) →

Looking Ahead: 2026 and Beyond

The 10th eMHIC Congress brought together a global community of leaders, practitioners, and innovators, reflecting a field that is moving beyond isolated innovation toward connected, system-level transformation. This year's Congress also marks how far the eMHIC community has come. What began as a small, values-driven initiative has grown into a global network spanning sectors and regions, with increasing alignment around shared challenges and solutions in digital mental health.

From insight to action

eMHIC25 Think Tank White Paper

Ahead of the Congress, global leaders from 24 countries convened at the eMHIC Think Tank to explore how more connected mental health systems can be achieved.

The resulting white paper, *Beyond Borders: Connecting Global Digital Mental Health Systems*, in collaboration with SANE Australia and Nous Group, highlights a shared challenge: while digital tools and AI are expanding rapidly, systems remain fragmented, leaving help seekers navigating a “Google loop of despair.”

The paper identifies three international priorities for 2026:

1. A shared **Mental Health Outcomes Framework**
2. A **best practice guide** for embedding lived experience
3. A **global register of AI tools** and their impacts

Progressing these priorities will require coordinated international effort. We invite all interested organisations and individuals to endorse and support this work.



[Read the White Paper](#) ↓

[Submit an Endorsement](#) 🖱️

Interconnected: A new platform for global dialogue

The Congress also marked the launch of *Interconnected*, the world's first magazine dedicated entirely to digital mental health and addiction. Designed to bridge technological innovation with human-centred care, the inaugural edition reflects three core pillars: redefining accessibility, celebrating global collaboration, and inspiring sustainable investment.

Bringing together voices from across regions and disciplines, *Interconnected* marks a significant step in shaping a shared global narrative for digital mental health.

[Get access to the digital edition](#) →

We're thrilled to announce the official launch of **interconnected**

Grab your digital copy now!

interconnected
DIGITAL MENTAL HEALTH
ISSUE 1 • NOVEMBER 2025

Rebel
with a cause
Tatali Allan's
lived experience

Global brain
health initiative

When AI becomes
the caregiver

Tech with a
human-centred
moral compass

Protecting
young minds

MEMBER OF
eMHIC

plus SUPPORTING THE HEALTH WORKFORCE

Backed by governments and key global leaders

As a testament to the power of collaboration and the impact of eMHIC's global community, we were honoured to receive this endorsement from Ontario Premier Doug Ford:



Premier of Ontario - Premier ministre de l'Ontario

November 2025

A MESSAGE FROM PREMIER DOUG FORD

I would like to congratulate the eMental Health International Collaborative on the success of its 10th Anniversary Congress.

Ontario is proud to have hosted this landmark event featuring leaders, innovators and advocates from around the globe. This international gathering showcased the power of collaboration and technology to improve mental health services and promote equal access to care. Your focus on real-world solutions reflects the very best of what we can achieve when we work together.

Mental health and addiction services are a priority for our government as no one should struggle alone. Through initiatives like the Roadmap to Wellness, we are investing in innovative solutions that provide easier access to care. With our partners, we will create a connected system that ensures every person is supported in their journey toward mental wellness.

Thank you to everyone who contributed to making eMHIC25 a success. Mental health knows no borders. When we work together as a global village, we can break down barriers and make care accessible for all.

A handwritten signature in black ink, appearing to read 'Doug Ford'.

Doug Ford
Premier

And the voices of our global community

“What an incredible moment this is: the 10th Digital Mental Health Global Congress! A full decade of eMHIC bringing together the world's brightest minds, boldest innovators, and most passionate advocates for mental health. The promise of digital mental health and AI is enormous. The potential is breathtaking, but so are the stakes. The question isn't whether AI will be part of mental health care: it already is. The question is: How do we ensure it enhances human connection rather than replace it? How do we build guardrails that protect privacy, dignity, and equity? These are the conversations that matter.”

Lili-Anna Peresa, PCEO, Mental Health Commission of Canada

“Thank you, Anil Thapliyal, for believing in what Spain can bring to this global transformation. Gratitude to the entire eMHIC community — this week is planting the seeds of the next generation of mental health infrastructure.” The lesson is clear: Digital mental health is not a technology problem. It's a governance problem. What we build next must ensure interoperability, human oversight, and equity-by-design — or we will keep rebuilding the same broken systems.”

Juanjo Martí Noguera, Architect of Futures | Ethical AI & Governance | Author

“Attending eMHIC was an exceptional experience for the Human-Nature Counselling Society. The conference brought together global leaders at the forefront of digital mental health, offering a rare opportunity to learn about emerging innovations, research, and implementation models that are shaping the future of mental health care. What stood out most was eMHIC's ability to bridge visionary thinking with practical, scalable solutions. As an organization delivering nature-based counselling in outdoor environments, it was invaluable to see how digital strategies can complement and extend in-person care, especially during wait periods and between sessions.

David Segal, Executive Director, Human-Nature Counselling Society



[Watch the video →](#)

Mr Matt Jeneroux's words underscore the power of digital innovation to reimagine mental healthcare delivery, making it more timely, personalized, and equitable, no matter where someone lives.

“Technology offers hope. It offers care. And it offers a way to scale up in a way that isn't possible any other way.”

– MP Matt Jeneroux

eMHIC in 2026 and beyond

eMHIC will continue to strengthen its role as the global collaborative hub for digital mental health implementation, with a focus on:

- International events including roundtables, summits, and think tanks
- Global webinars and fireside chats featuring expert and lived experience perspectives
- The Interconnected monthly newsletter
- Development of the Collaborative Learning Hub and Global Collaborative Directory for cross-border learning and knowledge sharing across key focus areas

Get involved:

- [Submit an initiative to the Global Collaborative Directory](#) →
- [Endorse the white paper's international priorities](#) →
- Join our global community:
 - [Strategic Partnership](#) →
 - [Trailblazer Membership](#) →
 - [Global Community membership \(free\)](#) →
- [Visit the eMHIC25 On-Demand Library of Session Recordings \(login required\)](#) →
- [Sign up to receive the eMHIC Monthly Newsletter](#) →
- [Support our work with a donation](#) →
- [Contact us to explore funding opportunities](#) →

The progress reflected in this report is the result of global collaboration across sectors and borders. As the field continues to evolve, so too does the importance of working together to create meaningful, lasting impact.

“If you want to go fast, go alone; if you want to go far, go together.”





eMHIC **25**
10th DIGITAL MENTAL
HEALTH GLOBAL CONGRESS