Many publications and presentations have documented the fragmentation and lack of coordination for mental health services in the United States.¹,² The number of state-sponsored psychiatric beds continues to fall without a clear consensus as to whether enough private beds and outpatient resources exist to serve this population.³ The number of people with mental illness that are incarcerated continues to grow.⁴ There is frequently a lack of effective communication and coordination among private entities providing psychiatric care at different levels (inpatient, residential, partial hospitalization, and outpatient), which contributes to ongoing instability and frequent hospital readmissions. Finally, there is a serious shortage of mental health professionals in many parts of the US, with about 55% of counties having no psychiatrists, psychologists, or social workers.⁵

Improving access to care for people with mental illnesses will require leadership, vision, and cooperation between many high-level policymakers and clinicians, especially with regard to care for the severely ill. The role of complementary digital technologies in bridging some of the gaps in care is a growing area of research and investment. Although these approaches have mostly been directed toward less severe forms of illness, it is hoped that these modalities will improve care for people who are severely ill over time. In a previous article in Psychiatric Annals, a new approach to electronic case management with the promise of improved care coordination and reduction of readmissions was discussed.⁶ In this issue of the journal, we look at the evidence supporting other digital, complementary therapies, particularly those that patients can manage themselves or in conjunction with their regular providers.

There are probably more than 3,000 mobile applications (apps) or Internet-based products now on the market that claim to have some efficacy for mental health conditions.⁷ The contribution, “Quality Assessment of Self-Directed Software and Mobile Applications for the Treatment of Mental Illness” by Drs. John Torous, Adam Powell, and myself, discusses some of the issues in assessing the quality and safety of these apps and how practitioners might recommend these as complementary patient resources. In the article “Evaluating the Evidence for Online Interventions in Mental Health Care,” Dr. Katie Ashcroft, Bryony Insua-Summerhayes, and Céline Schurter discuss the evidence for remotely delivered online therapies such as cognitive-behavioral therapy and psychoeducation. In the article “Transdermal Electrical Neurostimulation Therapies in Psychiatry: A Review of the Evidence” by Dr. Jason Moehringer and myself, the evidence for self-administered transdermal electrical current is examined. In the final article, “Electroencephalogram Neurofeedback: Application in ADHD and Epilepsy,” Drs. Kerstin Mayer and Martijn...
Arns examine the evidence for the operant conditioning paradigms of electroencephalogram neurofeedback, particularly with regard to attention-deficit/hyperactivity disorder and epilepsy.

Although these technologies are at an early developmental stage and testing, I look forward to further investment in and study of these techniques, with the hope that our fragmented care system can be improved, and that patients begin to be more involved and empowered in their own care decisions.

REFERENCES

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