Mental health is the level of [psychological](https://en.wikipedia.org/wiki/Psychological) [well-being](https://en.wikipedia.org/wiki/Well-being) or an absence of [mental illness](https://en.wikipedia.org/wiki/Mental_illness). It is the state of someone who is "functioning at a satisfactory level of [emotional](https://en.wikipedia.org/wiki/Emotion) and behavioral adjustment". From the perspectives of [positive psychology](https://en.wikipedia.org/wiki/Positive_psychology) or of [holism](https://en.wikipedia.org/wiki/Holism), mental health may include an individual's ability to enjoy [life](https://en.wikipedia.org/wiki/Everyday_life) and to create a balance between life activities and efforts to achieve [psychological resilience](https://en.wikipedia.org/wiki/Psychological_resilience). According to the [World Health Organization](https://en.wikipedia.org/wiki/World_Health_Organization) (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others". The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work, and contribution to their [community](https://en.wikipedia.org/wiki/Community). Cultural differences, subjective assessments, and competing professional theories all affect how one defines "mental health".

According to the U.K. Surgeon Journal (1999), mental health is the successful performance of the mental function resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. The term mental illness refers collectively to all diagnosable [mental disorders](https://en.wikipedia.org/wiki/Mental_disorder)—health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. Mental health and mental illness are two continuous concepts. People with optimal mental health can also have a mental illness, and people who have no mental illness can also have poor [mental health](https://www.blunt-therapy.com/).

Mental health problems may rise due to stress, loneliness, [depression](https://en.wikipedia.org/wiki/Depression_(mood)), anxiety, relationship problems, death of a loved one, suicidal thoughts, grief, addiction, [ADHD](https://en.wikipedia.org/wiki/ADHD), [self-harm](https://en.wikipedia.org/wiki/Self-harm), various [mood disorders](https://en.wikipedia.org/wiki/Mood_disorder), or other mental illnesses of varying degrees, as well as [learning disabilities](https://en.wikipedia.org/wiki/Learning_disabilities). Therapists, psychiatrists, psychologists, social workers, nurse practitioners, or family physicians can help manage mental illness with treatments such as therapy, counseling, or medication.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

If a person go through a period of poor mental health a person might find the ways they are frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

Experiencing a mental health problem is often upsetting, confusing and frightening – particularly at first. If a person become unwell, a person may feel that it's a sign of weakness, or that is 'losing your mind’. However, in reality, mental health problems are a common human experience.

Mental health problems affect around one in four people in any given year. They range from common problems, such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder.

Reference

* <https://en.wikipedia.org/wiki/Mental_health>
* <https://www.mentalhealth.gov/basics/what-is-mental-health>
* <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/self-care/>
* <https://mental.jmir.org/2014/1/e3/>
* <https://www.nationalelfservice.net/treatment/digital-health/top-10-research-questions-for-digital-mental-health-digitalmhq/>
* <https://en.wikipedia.org/wiki/Waterfall_model>
* <https://www.toolsqa.com/software-testing/waterfall-model/>
* <https://www.softwaretestinghelp.com/what-is-sdlc-waterfall-model/>
* <https://rezaid.co.uk/sdlc-waterfall-model/>

literature review

In a climate which recognizes mental health as a key health improvement target, but where mental health services are increasingly over-stretched, self-management e-resources can play a potentially important role in helping to ensure people get the care and support they need. They have the potential to enable individuals to learn more about, and to exercise active involvement in, their care, and thus we see a growing interest in this area for both research and practice. However, for e-resources to become important adjuncts to clinical care, it is necessary to understand if and how they impact on patients and care outcomes.

The objective of this study was to review systematically the research evidence for theory-driven and evidence-based mental health self-management e-resources; and make recommendations about strengthening the future evidence base.

A comprehensive literature search in MEDLINE, EMBASE, AMED, PsycINFO, Scopus, and Cochrane Library was conducted. No limits to study design were applied. We did not restrict the types of Web-based technologies included, such as websites and mobile applications, so long as they met the study inclusion criteria. A narrative synthesis of data was performed to elaborate both the development and effectiveness of online resources.

In total, 2969 abstracts were identified. Of those, 8 papers met the inclusion criteria. Only one randomized controlled trial was identified. The e-resources were aimed at self-management of bipolar disorder, depression, or general mental health problems. Some of the e-resources were intended to be used as prevention aids, whereas others were recovery orientated.

Mental health self-management e-resources have the potential to be widely effective, but our review shows it is early days in terms of development of the evidence base for them. To build robust evidence, clear guidelines are needed on the development and reporting of e-resources, so that both developers and researchers maximize the potential of a new, but rapidly evolving area.

Methodology

The potential of digital health solutions like online therapy often belies it complexity. Even as digital health first emerged into the healthcare landscape around 2011, a NIMH sponsored workshop astutely noted *“Although these technologies may be appealing and seemingly innocuous, research is needed to assess when, where, and for whom mHealth devices, apps, and systems are efficacious.”* (Kumar et al, 2013). Now seven years later these same questions remain and are especially pressing for digital mental health.

A new paper, entitled “Identifying research priorities for digital technology in mental healthcare: Results of the James Lind Alliance Priority Setting Partnership” in Lancet Psychiatry (Hollis et al, 2018) provides an update on the current state and next steps necessary for realising the true potential of digital mental health.

The inclusive methods used in this paper are perhaps as important as the resulting research priorities, as these inclusive methods reflect the diverse, participatory, and representative input from stakeholder groups including mental health service users, their careers, and healthcare practitioner. With 90% (583/644) of initial gathering and identifying of questions done via online survey, the voice of those already able to interact online was well represented. The later stages of the process, which involved several in person meetings of stakeholders, ensured the voice of those who might be less tech-savvy was also well represented.

Of course, understanding research priorities does not automatically mean they will be put into practice or studied. The present challenge for prior efforts and this current one remain how to transform these ideas into new knowledge and tangible research. As outlined in the The WPA-Lancet Psychiatry Commission on the Future of Psychiatry (Bhugra et al, 2017), digital technology in mental healthcare must be considered not only in terms of innovation and but also the shaping forces of regulation, clinical utility, clinician engagement, service user engagement, clinical validation, scalability, financial sustainability, and interoperability. From the backlash to the [Samaritans Radar](https://en.wikipedia.org/wiki/Samaritans_Radar) project in 2014, the quality/security concerns over the first National Health Service (NHS) app library in 2015 that led to its [removal](https://www.imedicalapps.com/2015/10/nhs-health-apps-library-closing-commentary/), and mental health related personality tests and later become the nexus of the [Cambridge Analytica](https://en.wikipedia.org/wiki/Cambridge_Analytica) scandal in 2018, it is clear that the digital health landscape is complex and at times even dangerous. However, having the right destinations as offered in this new paper is a solid first step in planning the right route. Mapping out that safe course and finding the support to power that journey is perhaps the next challenge and topic necessary to seek consensus around.

In summary, the research priorities for digital technology in mental healthcare resulting from this paper are of broad interest to all stakeholders in the mental health ecosystem. Although based from a UK sample, the results appear in line with other efforts from different countries and offer important targets for the field to focus on.

Extra objective

* 1. To find new and better treatments for a wide range of mental health problems
  2. To find new and better ways to diagnose, respond to and prevent mental health problems
  3. To understand better how to improve resilience and the life chances of children at risk of mental health problems
  4. To enable people with mental health problems to build better lives.
  5. To enable communities and organisations to respond more appropriately to people with mental health problems – creating a mentally healthy society

Significance of study

* Community
  + To raise awareness of an important issue to a mass audience quickly.
  + To promote change and make a positive difference around the world.
  + To enable communities and organisations to respond more appropriately to people with mental health problems by creating a mentally healthy society
* Society
  + To encourage help seeking behaviour.
  + To improve resilience and the life chances of children at risk of mental health problems
  + To enable people with mental health problems to build better lives.
  + Better treatments for a wide range of mental health problems