



Depression scorecard: Portugal

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About the depression scorecard project

The depression scorecard is a tool that aims to support the assessment of national-level performance in key aspects of policy, delivery and care for people with depression. The framework that underpins the scorecard was developed based on an international literature review and consultation with an expert advisory group.

The Health Policy Partnership, in collaboration with experts, has applied the scorecard framework to various countries, with national-level findings summarised in individual scorecard reports. The findings for this report were developed based on an in-depth literature review and interviews with leading national experts in depression.

This scorecard focuses on Portugal.

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About The Health Policy Partnership

The Health Policy Partnership (HPP) is an independent research organisation working with partners across the health spectrum to drive the policy and system changes that will improve people's health.

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Depression: why it matters

Depression is the most common mental health condition affecting people today.¹ It is a distinct, diagnosable mood disorder not to be confused with normal feelings of sadness.² Anyone can develop depression, and if a person is also experiencing another illness, addiction, poverty, unemployment or a personal loss, their risk of depression increases.² Depression can range in severity and persistence.² Best practice is to manage the condition as early as possible, while the person is still well enough

to be fully engaged in their recovery and before treatment-resistant depression sets in.³ Yet stigma associated with depression may prevent people from seeking and receiving the care they need, exacerbating suffering.⁴

Depression has a devastating impact on the lives of those affected, their families and carers, and societies and economies more broadly. The condition is associated with numerous negative

12.2%

of people in Portugal aged 15 and over are living with depression,¹² * compared with the European Union (EU) average of 7.2%¹³

14.1 psychiatrists

per 100,000 inhabitants in Portugal, which is lower than the EU average of 17¹⁶ †

7.2 per 100,000

inhabitants in Portugal died from suicide or self-harm in 2019¹⁴ † compared with a European average of 12.9 (data from 2016),¹⁵ and global estimates indicate that depression may have contributed to up to 60% of these deaths⁸

€6.58 billion

annual cost of mental health (direct and indirect) in Portugal¹⁷ §

3.66%

of Portugal's GDP is attributable to costs of mental health (direct and indirect expenditure)¹⁷ §



outcomes throughout a person's life, including poorer academic performance, reduced earnings, other chronic illnesses, diminished quality of life and a higher chance of premature death.^{5,6} Depression is a primary cause of suicide⁷ – as many as 15% of people with untreated depression may die by suicide.¹ Research also shows that up to 60% of all deaths by suicide worldwide are associated with depression.⁸

The COVID-19 pandemic exacerbated the already significant crisis of depression. Demand for mental health services soared while the availability of

in-person care was constrained.⁹ It is estimated that the pandemic was responsible for an additional 53.2 million cases of depression globally in 2020.¹⁰

Despite a growing understanding of depression and how best to support people living with the condition, its global prevalence has risen nearly every year since 1990.¹¹



Depression in Portugal

Among European countries, Portugal has one of the highest burdens of depression. More than 12% of people in Portugal aged 15 and over are living with the condition,¹² compared with the European Union (EU) average of 7.2%.¹³ Treatment-resistant depression is estimated to affect nearly 80,000 people in Portugal;¹⁸ an ongoing study reported that the average duration of a participant's depressive episode is more than 23 months.¹⁹ Other research has shown that depression was diagnosed in almost 20% of all inpatients in Portuguese psychiatric departments between 2008 and 2015.²⁰ The burden of depression has been compounded by the COVID-19 pandemic, with research indicating significant increases in mental health symptoms in Portugal since 2020.²¹ One study found that more than 22% of the population may have experienced depression between the autumn 2020 and spring 2021 waves of the pandemic.²²

Although the burden of depression is significant, Portugal lacks dedicated national policies or plans for the condition, and care guidelines from 2012 are now outdated.²³ Care is centred largely on pharmacological interventions,²⁴ but these may be dated because the approval of new medicines is relatively slow in Portugal.²⁵ Psychotherapy and other treatment options are not readily available in the national health system for people with mild to moderate depression.²⁶ There are also significant delays in referral to specialist services,^{24 26 27} and the availability of specialist care is variable across regions.²⁶

Mental health services in Portugal are currently undergoing reform. Policy-related and financial commitments have been made to move from an institutional approach towards a community-based model of care.^{24 28} A pilot intervention is underway,



and multidisciplinary community-based mental health teams are being rolled out across the country. However, full implementation has not yet been completed.²⁹

The systematic collection of high-quality data on depression is lacking in Portugal. Prevalence data are variable and reliable data on treatment and patient-reported outcomes are lacking.^{24 27} One worrying report looking at employment rates among people with depression across Europe indicates that in Portugal, fewer than 50% of people aged 25–64 with depression are in employment, compared with nearly 80% of people without depression.¹⁷

Portugal has taken steps to recognise the importance of people with depression having a role in decision-making regarding care. The National Mental Health Council advises the government on decisions

concerning mental health care policy and the organisation of services.^{28 30} It is structured to include patient representation, though as the Council only operates in an advisory capacity, its influence is limited.²⁸

Technologies are being used to improve depression care. Portugal has a dedicated online short course on managing depression, as well as a mobile health application used for prescription refills.^{31 32} There remains significant scope to expand the use of technology to improve depression care.



Assessing depression management: the scorecard

This scorecard was developed to highlight to policymakers where change is most needed to improve the management of depression in Portugal. It is our hope that this document may galvanise policymakers to work in close partnership with all stakeholders to reverse the course of depression in

Portugal, taking a comprehensive and preventive approach to addressing depression in all its complexity.

The scorecard focuses on four key areas identified as priorities for improvement:

1

Joined-up and comprehensive depression services

Integrated care – that is, a patient-centred system that supports the person with depression throughout their lifetime and with continuity across the health system – is essential for the delivery of adequate support and treatment. Integrating mental health services into wider health and social care services is convenient and can increase treatment rates, improve comprehensiveness of care and reduce overall costs.³³

2

Data to drive improvements in depression care

Collecting and analysing robust and up-to-date data on depression is essential for ensuring the right services are available to everyone who needs them. Monitoring patient outcomes helps identify and inform good practice, and it may give hope to service users that their mental health can improve.³³ Data on services can support clinicians, policymakers and people with depression to better understand what treatment options are available and accessible. More transparent data will also facilitate shared learning across all domains of depression care. New digital tools may have the potential to facilitate documentation for transparency and research purposes while retaining the anonymity of the user.³³



3

Engaging and empowering people with depression

It is essential that people with depression – along with their families, friends and carers – are actively empowered to participate in depression care plans at all stages. Empowerment involves a person building their confidence by increasing their understanding and knowledge of their condition. This can help them gain control over their life and expand their capacity to act on what they find important, which will, in turn, allow them to manage their depression more optimally.³⁴ Peer support, whereby a person who has previously experienced depression offers empathy and hope to others in the same position, can assist both people with depression and the peer supporter in their recovery.³⁵ Social systems, patient advocacy groups and other civil society organisations with access to underserved communities are critical in ensuring that mental health services reach everyone, including those who have ‘slipped through the net’.³³

4

Harnessing technology to improve access to care

Digital platforms – such as those that facilitate remote therapy sessions and online prescription requests – and other depression-focused software, smartphone applications and virtual platforms can allow a greater choice of treatment for people with depression while supporting them to take more control of self-managing their condition. Although virtual sessions cannot replace in-person therapy, they may be a flexible option to support people with depression between regularly scheduled visits. Health and social services may also use digital tools to facilitate data collection and monitor care.^{36 37} In addition, people with depression may find it helpful to use digital tools to connect with others and reduce feelings of isolation.³⁸



Summary scorecard for Portugal

Joined-up and comprehensive depression services

Is depression included in either the national health plan or a specific plan for mental health?



Is there a government lead on mental health, with cross-ministerial responsibility to support a 'mental health in all plans' approach?



Is collaboration between primary care and mental health services supported and incentivised/encouraged/facilitated?



Are there guidelines on depression care developed jointly by primary care and psychiatry?



Is a range of therapeutic options, such as psychotherapy, counselling and cognitive behavioural therapy, reimbursed and available to people with depression?



Are depression services available and tailored to at-risk groups?

- Young people
- Older people
- People in the workplace
- People without housing



Data to drive improvements in depression care

Are data on people with depression systematically collected by the health system?






Are data on mental health services being used for planning?



Are patient-reported outcomes being measured systematically?



No	
Somewhat	
Yes	

Engaging and empowering people with depression

Do guidelines or care pathways for depression recognise the importance of patient empowerment?



Do guidelines on depression recognise the role of families and carers in making decisions on the planning and delivery of care?



Were patient and carer representatives involved in the most recent national plan or strategy covering depression?



Do carers have access to financial aid to help them support their loved ones with depression?



Is peer support recommended in depression care guidelines?



Are peer support roles reimbursed?



Are there national associations advocating for the rights of:

- people living with depression?
- carers of people living with depression?



Harnessing technology to improve access to care

Can people access depression support remotely (via telephone or the internet) in addition to services delivered face-to-face?



Do professional societies or guidelines recommend the use of remote services alongside face-to-face services?



Is remote support for depression reimbursed?



Are people with depression able to use telephone or online platforms that allow them to renew their prescriptions from home?



Joined-up and comprehensive depression services

Portugal's National Mental Health Plan is dated and does not specifically reference depression

The 2007–16 National Mental Health Plan, which was extended to 2020, has not been updated.³⁹ Its main focus was the decentralisation of mental health services from institutions into primary care.³⁹ It also outlined how mental health should be organised, governed and financed. However, a review of the plan in 2017 found that many elements were not implemented due to poor coordination and a lack of funding, resulting in few changes to the provision of mental health care services.⁴⁰

The government has renewed its commitment to reforming mental health care, with promising recent progress

Since at least 2006, the Portuguese government has intended to transition from an inpatient-centred way of delivering mental health care towards a community-based system, but change has been slow.^{24 28 41} The government outlined a renewed commitment to this move in the 2021 Recovery and Resilience Plan,²⁸ dedicating a budget to set up 40 multidisciplinary community mental health teams by 2025. This follows a 2020 pilot involving ten community mental health teams – five each for adults and children – in every regional health administration of Portugal.²⁹ Following the success of this pilot, an additional ten community mental health teams have been established, including dedicated teams for child and adolescent mental health.⁴²

Delivering comprehensive care may be challenging due to staff shortages.²⁷ Geographic disparities in the numbers of mental health practitioners have been identified,²⁶ and there is an overall shortage of these professionals, particularly mental health nurses.^{39 41 43}

Clinical guidelines on depression are outdated and the management of depression in primary care is often limited to pharmacological interventions

Portugal's clinical guidelines for depression have not been updated since 2012, but they are still in use.^{23 44} The guidelines were written by psychiatry and mental health professionals without the participation of primary care practitioners.²³ Although national guidelines on child mental health have been developed by multidisciplinary teams that include psychiatry, primary care and paediatric professionals, they do not provide detailed guidelines on depression.⁴⁵ As a result, the treatment and management of depression in primary care are often not comprehensive. Instead, they centre on the prescription of antidepressants,^{30 46} which are widely used and reimbursed. Psychotherapy is less widely available and typically only offered to people with severe depression.^{24 27 30}

Case study 1. GASMI⁵⁰

Grupo de Apoio à Saúde Mental Infantil (GASMI) is a regional mental health programme developed by the Algarve Regional Health Administration in 2001. It provides mental health support to children aged 3–12 years through a multidisciplinary team that includes paediatric psychiatrists, psychologists, general practitioners, nurses, social workers and therapists (speech therapists, occupational therapists and physiotherapists). General practitioners refer children to GASMI based on the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), as well as evidence of significant emotional and behavioural distress.⁵⁰

Between 2010 and 2018, a total of 4,812 children were referred to and received care from the GASMI teams.⁵¹ Of these children, 28% were successfully discharged and the remaining 72% continue to be followed up or referred to other services.⁵¹ In the same period, the use of hospital consultations for child psychiatry decreased.⁵¹ The Comissão Nacional para a Reestruturação e Desenvolvimento dos Serviços de Saúde Mental em Portugal (National Commission for the Restructuring and Development of Mental Health Services in Portugal) considers GASMI a model of good practice, and the authors of the National Mental Health Plan have called for it to be replicated nationwide.⁵⁰



Portugal has a shortage of mental health practitioners and referral to specialist services can be slow, leaving gaps in care and forcing patients to pay out of pocket for private services

Portugal has a shortage of trained psychologists.⁴¹ General practitioners are trained in mental health,⁴⁷ but this training may be limited and, as a result, treatment is often not holistic.²⁴ Poor coordination between primary care and specialist services leads to significant delays in referral to specialist mental health services,^{24 26 27} and their limited capacity means they can often only provide care to people with severe depression.^{27 30}

Mental health care, including therapy services and medication, is funded under Portugal's public health system.¹⁴ However, two of the experts interviewed for this report noted that access to therapy is limited (and thus prioritised for people with more severe depression), due, in part, to staff shortages and an emphasis on pharmacological interventions to treat depression.^{27 30} This means people with mild depression often pay out of pocket for psychotherapy from private providers.^{27 30} Psychology consultations in the private sector cost an average of €60, representing a considerable out-of-pocket cost, particularly for people on low incomes.⁴⁸ Additionally, one expert interviewed indicated that significant numbers of mental health professionals are leaving the public health system for better working conditions in the private sector, further exacerbating supply challenges.²⁷

Despite these systemic challenges, there are examples of good practice. One is the GASMI initiative in the Algarve region, which demonstrates effective coordination between primary care and specialist mental health services (**Case study 1**).^{26 49}

National initiatives to reach vulnerable groups are limited, but some small-scale efforts to provide specialist depression care to certain vulnerable groups are ongoing

Although dedicated services for depression in young people are lacking,^{30 39} several youth-specific depression interventions have been implemented in Portugal. These include +Contigo, a school-based intervention to prevent suicide,^{41 52} and Iniciativas de Saúde Pública (National Public Health Initiative) that includes a programme on mental health in schools.^{41 53} However, these interventions are not operating nationally, leading to inequality in access to specialist care.⁴¹

Dedicated mental health policies and strategies to target older individuals, working people and those without housing are also lacking, but some promising city-specific interventions exist to target mental health issues affecting these groups. For instance, Seniores em Rede is an initiative by Matosinhos city council that aims to reduce isolation in older people through digital solutions.⁵⁴ Other examples include Centro Porta Amiga, which assists socially isolated people, and Comunidade Vida e Paz, which provides psychosocial support to people without a home, alongside food and shelter.^{55 56} Meanwhile, the Iniciativas de Saúde Pública also promotes mental health in the workplace and supports the groups of people most affected by economic crisis.⁴¹ Although this programme operates nationally, access is mixed; care is not provided to workers in the public sector and access in the private sector is variable.^{24 30}

Data to drive improvements in depression care

Comprehensive and systematic data collection on depression is lacking

The quality of the collected data on the prevalence and treatment of depression in Portugal is variable. Mental health experts interviewed for this report note that the existing epidemiological, service planning and patient-reported outcome data are insufficient.^{24 27} The most recent comprehensive data collected on depression are part of the 2008–2009 National Epidemiological Study on Mental Health, published more than a decade ago.⁵⁷

Although some government agencies collect mental health data, there are no clear strategies or guidelines for the collection or use of these data. Since 2013, the Directorate of Analysis and Information, a body that manages national health records, has been collecting data on the prevalence of mental health conditions as well as the use of services and medication.³⁰ Its most recent data were released in 2019.^{26 41 58} The Portuguese medicines agency, Infarmed, also collects data on medication use, with the most recent data providing insights on usage patterns between 2012 and 2018.²⁶ However, a significant number of people receive outpatient depression care in the private sector, for which there are no publicly available data.³⁰

Patient-reported outcomes do not appear to be collected in Portugal, even though existing national plans and policies recognise the importance of collecting these data.³⁹ Data collection on depression in specific at-risk groups, such as young people, is also very limited.⁵³

It is not clear how existing data are used to inform depression care planning

Although data from the National Epidemiological Study on Mental Health were used to inform health service planning, more regular national epidemiological studies are needed to inform continual improvements in service planning and delivery. It is also unclear how data collected by Infarmed and the Directorate of Analysis and Information are being used in decisions on the organisation of depression care, if at all.

Interventions to improve data collection on depression are underway

Proposed updates to the national health information system should mean that higher-quality depression-specific data will be collected more regularly.²⁴ The changes will allow the collection of data on mental health in primary care, specialist care and long-term care, in addition to data on access to social workers and occupational therapists.²⁴ The new data collection approach is being piloted in several hospitals in Portugal.²⁴

Engaging and empowering people with depression

The importance of involving people with depression in mental health policymaking and decision-making around care has been recognised, but inclusion remains limited

The Portuguese government has acknowledged that mental health policies, plans and programmes have not adequately considered the voices of people with depression and those of their carers and families.^{39 41} A more meaningful involvement of these individuals was identified as central to the delivery of the now-lapsed National Mental Health Plan. However, the plan did not include guidance on how to establish better inclusion in practice, and apart from the National Mental Health Council (**Case study 2**), no other national initiatives to engage people with depression were identified in this research. The Council does include members of associations representing people with depression and their carers, but it only operates in an advisory capacity.²⁸ Experts interviewed for this report emphasised that this limits the meaningful influence that patients and carers have on mental health decision-making in Portugal.^{27 30} In general, stigma around mental health persists, and many people in Portugal are not engaged in healthcare decision-making. This may be due – at least in part – to low levels of health literacy.^{27 30}

Case study 2. Portugal's National Mental Health Council

In 2022, the government established the National Mental Health Council, made up of government officials from health, social security and education, as well as doctors, nurses and representatives from patient and family associations.^{28 59} On the government's request, the Council is consulted to present its opinions and proposals on mental health issues.³⁰ In practice, though, the Council has limited influence on decision-making around mental health policy and service delivery, acting only in an advisory capacity.^{28 30}

Mental health guidelines for young people recognise peer support as an appropriate approach, but the wider approach to depression care does not consider this strategy

Peer support is not formally included in the 2012 national guidelines for depression,³⁰ and it is not recognised, implemented or financed in Portugal.²⁴ The guidelines for other mental health conditions, including bipolar disorder, do discuss peer support approaches.³⁰ Peer support groups are also discussed in the national recommendations on mental health in young people, and this approach is recommended for use in schools.⁴⁵ Some national associations, including Associação de Apoio aos Doentes Depressivos e Bipolares (ADEB), use peer support in their work with people with depression, but this practice is not country wide.²⁷

Support for carers, including financial support, is lacking

Financial support for carers of people with any medical condition in Portugal is limited,⁶⁰ and there is no specific provision for the carers of people with depression.^{27,30} Financial support for carers is also difficult to obtain, as there are restrictions on accessing funding.²⁴

National associations for depression play an important role in coordination, research and advocacy

There are several national associations in Portugal that support people with depression and other mental health conditions. These include:

- **Comissão Consultiva para a Participação de Utentes e Cuidadores (CCPUC; Commission for Patients and Carers).** The CCPUC has spearheaded national meetings for people with depression and their carers to discuss depression in Portugal. It also supports peer training, national research and advocacy campaigns.⁴¹
- **Federação Portuguesa das Associações das Famílias de Pessoas com Experiência de Doença Mental (FamiliarMente; Portuguese Federation of Associations for Families of People with Mental Illness).** FamiliarMente is focused on supporting people with mental health conditions and their families through initiatives that improve quality of life and wellbeing.⁶¹
- **Rede Nacional de Cuidados Continuados Integrados (RNCCI; National Integrated Continued Care Network).** The RNCCI provides guidance to families and carers on supporting people with mental health conditions, including depression.⁶²
- **Associação de Apoio aos Doentes Depressivos e Bipolares (ADEB; Association of Support to Patients with Depression and Bipolar Disorder).** ADEB works with more than 700 partners and has 5,500 members.²⁷ It provides a range of services, including low-cost psychotherapy at €6 per session, which may be delivered in person or online.²⁷



Harnessing technology to improve access to care

Technology-based approaches have not been formalised into guidelines

The government has acknowledged the need to expand remote access to depression care since the start of the COVID-19 pandemic, and telemedicine and remote access appointments are reimbursed.^{24 63} The depression care guidelines do not feature this approach as yet. There are also no approved digital tools for mental health practitioners,^{24 30 64} nor systems to regulate or monitor the use of digital tools. However, the new law for the national coordination of mental health policies outlines digital delivery as a priority area.^{24 30}

Initiatives that seek to harness technology through mobile or online platforms may be able to bridge this gap. Some small-scale digital initiatives that are part of ongoing research projects or those run by patient associations such as ADEB do offer low-cost online psychotherapy, but these have not been rolled out at the national level.^{27 30}

At present, there is no public funding to improve the development of digital tools and their integration into depression care at the national level.^{24 30} Funding is provided for some specific digital initiatives, though. These include interventions such as the 'Kit Básico de Saúde Mental', a free online course about mental health literacy funded by the Directorate-General of Health.³²

During the first year of the COVID-19 pandemic, a dedicated phone support line was established to provide psychosocial support to the Portuguese population, 24 hours a day, seven days a week.^{9 66 67} It is staffed by clinical psychologists, who support people experiencing stress, anxiety or other mental health conditions.⁶⁶ The service can also direct people to further sources of support in primary or specialist care.

Digital prescription renewal is widely used

The renewal of prescriptions in primary care has recently been digitalised.²⁴ It is delivered through the SNS 24 mobile application, which provides access to certain digital health records, such as test results, as well as other clinical information. It also enables prescription management,³¹ providing prescription forms that can be shared with patients via SMS, email or the dedicated mobile app.^{24 67} SNS 24 is currently used to fill more than 50% of all prescriptions in Portugal.



Conclusion and recommendations

‘There is still a lot of stigma in Portugal about mental health, including self-stigma in people with depression. We need strategies and investment to improve patient empowerment and engagement. People should feel safe disclosing a diagnosis of depression.’

Luis Oliveira, ADEB

People with depression in Portugal face persistent gaps in access to comprehensive depression care. Depression is poorly integrated into national policies, and care guidelines are outdated. Furthermore, long referral times to specialist services and limited access to psychotherapy mean depression care is often not holistic. However, important progress is being made as the country moves towards a community-based model of care. With 20 multidisciplinary community-based mental health teams now delivering dedicated mental health services to adults, young people and children, Portugal is taking steps to realise its vision of more comprehensive and joined-up depression care.

Initiatives that seek to provide mental health support to children and young people are also improving. These include regional programmes, such as GASMI, that adopt a multidisciplinary, holistic and community-based approach to care. However, many vulnerable groups are still seriously underserved in Portugal.

Progress has been made in the use of technology for depression care. The Portuguese national health service has integrated telephone-based services to provide support to people, and the national health mobile application is proving effective in filling prescriptions. Implementing further technological initiatives can help bridge the gap in holistic depression care.

National patient and family associations play an important part in advocating for matters such as financial support for carers of people with depression. The government has recognised the potential role of patient and carer associations in informing policy, as evidenced by the establishment of the National Mental Health Council.

Underpinning many of the gaps in depression care identified in the course of this research is a lack of high-quality, systematic data on depression. Portugal does not have a disease registry for depression and is not collecting data on patient-reported outcomes. Improving data collection is central to developing a better understanding of the burden of depression in Portugal and the most effective approaches to treating the condition.

Priority recommendations

Joined-up and comprehensive depression services

- Update the National Mental Health Plan in consultation with a wide group of multidisciplinary stakeholders. The plan should include prevention and treatment strategies for mental health care in general and for specific conditions, including depression, taking a wide-ranging 'mental health in all plans' approach.
- Update the national guidelines on the treatment of depression in consultation with a team of multidisciplinary experts and patient and carer representatives. In addition, accelerate the review and approval processes of treatments to ensure that the guidelines offer comprehensive and best-practice care for people with depression.
- Expand access to non-pharmaceutical interventions, particularly psychotherapy and mental health education, in the publicly funded health system to support a move towards depression care that is more comprehensive and accessible to all.
- Build on the success of existing interventions in child and young people's mental health, such as the GASMI initiative, applying lessons learnt to mental health service provision nationally.



Data to drive improvements in depression care

- Mandate the collection of standardised epidemiological, clinical, intervention-specific and patient-reported outcome data.
- Implement updates to the national health information system and improve coordination between agencies currently collecting and using data, including Infarmed and the Directorate of Analysis and Information.

Engaging and empowering people with depression

- Expand peer support approaches for depression care from young people's mental health services to the wider population of people with depression and include these approaches in the guidelines for comprehensive depression care.
- Formalise support, including financial assistance, for the carers of people with depression. In addition, provide guidance on how carers can help people with depression in their recovery and establish mechanisms to link people to national carer associations or to government initiatives and resources offering this support.

Harnessing technology to improve access to care

- Implement the vision set out in the national coordination of mental health policies to advance the digital delivery of depression care, which is currently limited to phone-based consultations and support services. As part of this, expand the use of digital tools to include other technological platforms, such as internet-based video services and mobile apps, to meet the needs of underserved groups.
- Ensure that the use of technology in depression care is formalised through inclusion in national care guidelines and commit dedicated funding to technology-based depression care initiatives.

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