

Opportunities and Barriers for the Use of Mental Health Apps

Abstract

Background and Objective:

App-based mental health interventions with proven clinical benefits could provide support when access to psychotherapy is limited. At the onset of this study, mental health apps existed for several disorders but reimbursement in Switzerland was only possible through supplemental insurance schemes. The thesis aims to explore how Swiss insurers take decisions on the reimbursement of mental health apps.

Methods:

Interviews were conducted based on a semi-structured interview guide with eleven representatives of seven Swiss insurance companies. Interviews were transcribed and assessed by qualitative content analysis. Results were put in perspective based on the relevant scientific literature.

Results:

Reimbursement of mental health apps within supplemental insurances has to a larger extent been established opportunistically for available solutions with clinical evidence. Great market power was attributed to providers of such apps and other digital interventions and health insurers found ways to deal with multiple marketing approaches from solution providers.

There was a consensus that solutions in a health area as fundamental as mental health should be available to everybody and not only to clients who are able to pay for an appropriate insurance. All insurers reported to put higher priority on their clients' benefit than on their own financial benefit, reinforced by the fact that the cost contribution of an app is relatively small. Also, there was wide agreement that the use of mental health apps should be embedded in a care setting, but the proposed integration of mental health apps into a patient's healthcare context ranged from mandatory professional support to no discussion of such a requirement. However, involving service providers in the dissemination of mental health apps was viewed critical for success.

Differences were observed with respect to assessment criteria for selection of specific interventions. Large insurers prefer to carry out their own assessments while smaller insurers would prefer to rely on a seal of approval. Effectiveness was described as the a criterion, however needs to comprise the demonstration of cost savings beyond clinical efficacy. It became clear that it is not straightforward to determine appropriate prices and even less to assess cost-effectiveness of mental health apps.

Conclusion:

As of today, healthcare insurers in Switzerland are facing challenges when making evidence-based decisions regarding the reimbursement of mental health apps. Challenges exist with respect to cost-benefit assessments as well as appropriate implementation routes including the use of mental health apps with or without guidance.