Almost every panel discussion, podcast and blog at the beginning of the year discussing which digital health advances will have most positive impact in 2018, cited artificial intelligence (AI) or machine learning – often with an apology about the prediction being a little boring. However, the rapid development of AI also sparks fear and anxiety, including among psychiatry professionals. Not unexpectedly, we see increasing worry as a direct function of age, with a putative ‘sound scepticism’ evolving among older, somewhat alienated colleagues launching an increasingly heated public debate, with some representatives painting a sinister picture of a healthcare world dominated by profit hungry tech companies against the background of a public health care sector struggling to survive!

But perhaps, in reality and following the predictions of the digital health gurus, AI will be a critical part of a healthcare future where technology enabled cost-savings allow resources to be more efficiently and effectively used, and outcomes improve.

Psychiatry is a specialty that relies heavily on patients’ self-report for both diagnosis and monitoring. A clinical consultation and many treatments are based on talking. Our assessment tools might be considered less valid than the laboratory tests, radiological investigations and physical examinations (blood pressure, peak flow, etc) that underpin care in other specialties, yet they do not require the patient to be physically present at every appointment. In a digital health era, these characteristics of psychiatry bring unforeseen benefits in terms of the ease of implementing remote monitoring and treatment.

Moreover, with ~75% of the psychiatry patients being digital, native 25-year-olds or younger – the question is not why they should use digital tools, but why should they not use them? And given the increasing rates of psychiatric problems among young ICT users, we as professionals will have to develop our understanding and means of interaction, and reach out via the internet to meet and treat patients where they are.

Our hope is that this new Taylor and Francis journal ‘Digital Psychiatry’ will be a vehicle and a forum for scientific development in this important field. The digital transformation of psychiatry is already well underway. Patients are becoming increasingly empowered and active in their medical care. With a smartphone in the pocket, psychiatric patients can now monitor their health and receive treatment, which is a potentially revolutionary compensation for the previous lack of valid outcome measures in our field, and opens unexpected opportunities to create better treatment alliances. Patients’ own assessments should be taken seriously – and with care being decided in consultation between two parties – the need for ‘objective’ decision support will increase.

The ability to handle large amounts of data and the fact that self-learning technology gradually identifies patterns in complex systems is developing very quickly, and is of great importance to medical research, especially psychiatry. In order to create clinically useful decision algorithms, accepted by both patients and therapists, it is of major clinical importance that these self-learning systems are fed with reliable data.

At the ‘Digital Psychiatry’ editorial board, we do not subscribe to new digital health technology in general as either good or bad – it all comes down to how well it works and how we use it. As a recent study investigating ‘dysfunctional’ use of smart phones concluded: the most addictive feature of smartphones is that they make it easier for us to connect to other people, i.e. smartphone addiction can just as well be characterized as hyper-social, instead of anti-social.

Digital Psychiatry is here to stay. It will facilitate communication and improve practice, and in the longer term help us identify subgroup markers for more precise, individualized diagnosis and treatment.

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