



*Digital Remedial (DR) is an umbrella group to support all sister organizations: Pakistan Institute of Living and Learning (PILL), Remedial Centre Hospital, Noor Education & Healthcare Foundation (NEHCF), Husain Remedies.*

**Vision:** To leverage digital technologies to transform mental health care and wellbeing in low and middle-income countries (LMICs).

**Mission:** The mission of Digital Remedial (DR) is to utilise digital technologies and mental health expertise to promote accessible, affordable, and effective mental health support in LMICs. By bridging the gap between technology and mental health care, DR seeks to empower individuals and communities to lead mentally healthy lives and foster an environment that facilitates psychological well-being.

**Objectives:** Digital Remedial will pursue the following key objectives:

- A. **Develop and Deploy Digital Mental Health Solutions:** Create and implement a range of user-centric digital applications such as Augmented Reality (AR)/Virtual Reality (VR), and smartphone apps that cater to diverse mental health needs and deliver evidence-based interventions, with a focus on underserved populations such as LMICs and ethnic minorities, to address inequalities in access to mental health care and wellbeing globally.
- B. **Capacity Building:** Strengthen the capabilities of mental health professionals, Community Health Workers (CHWs), and caregivers by providing training and resources on digital mental health technologies and best practices.
- C. **Advocacy and Awareness:** Raise awareness about mental health issues and advocate for policy changes that promote the integration of digital mental health solutions into existing healthcare systems.
- D. **Research and Innovation:** Engage in research and publications to continuously improve and innovate digital mental health interventions, ensuring they remain culturally sensitive and effective for diverse populations.
- E. **Collaboration and Partnerships:** Foster collaborations with governments, non-governmental organisations (NGOs), academia, and technology companies to create a robust ecosystem supporting the dissemination and adoption of digital mental health initiatives.

**Work-streams:** Digital Remedial will organise its activities into the following work-streams:

1. **Technology Development and Innovation (NG, AA, AH):** Design, develop, and refine digital mental health tools and applications. Conduct usability testing and pilot studies to ensure user-friendliness and effectiveness. Explore emerging technologies like AI, machine learning, and virtual reality to enhance interventions. Develop a digital repository, periodic monitoring and updating of digital records system on digital platforms of PILL and its collaborators where required. Ensure secure and well integrated access of content (app, web and publishing documents, etc) with all stakeholders (CAMI, AISHA, TechCare-PK).

2. Develop e-learning programs for mental health professionals and CHWs on using digital mental health tools. Develop the next generation of digital mental health researchers in LMICs. Provide resources and guidelines for integrating digital solutions into existing mental health services. Organize workshops and webinars to share best practices and foster knowledge exchange.
3. **Advocacy and Policy (AH, BA, NO):** Engage in advocacy campaigns to reduce mental health stigma and raise awareness. Collaborate with stakeholders to advocate for policy changes supporting the integration of digital mental health initiatives into healthcare systems.
4. **Research and Evaluation (SS, AH, MJ, AJ, NG, RM, AT):** Conduct research to evaluate the efficacy and impact of digital mental health interventions. Analyse data to identify patterns and trends in mental health issues and treatment outcomes. Continuously monitor and evaluate the work-streams to ensure effectiveness and relevance.
5. **Performance Management (NG, BA, MO, RM):** To provide oversight and performance management of projects within Digital Remedial, across all affiliate organisations at PILL. The work stream will ensure prioritisation of key works across the work streams and meeting appropriate timelines for reporting and submission of work.
6. **Grants and Publications (BA, RM, NG, MJ):** To source and procure funding to ensure the sustainable development of DR, and to deliver measurable impact through academic publications.

**Outputs:** Digital Remedial aims to achieve the following outputs:

- A. A suite of user-friendly and culturally sensitive digital mental health applications and tools catering to various mental health needs. **(WS1)**
- B. Trained digital mental health researchers in LMICs. **(WS2)**
- C. Trained mental health professionals, community workers, and caregivers who are adept at using digital mental health technologies to enhance their services. **(WS2)**
- D. Increased awareness and reduced stigma surrounding mental health issues through advocacy and awareness campaigns. **(WS3)**
- E. Evidence-based research and studies on the impact of digital mental health interventions, contributing to the global body of knowledge on mental health care. **(WS4)**
- F. Collaborative partnerships with governments, NGOs, academia, and technology companies, fostering a supportive ecosystem for digital mental health initiatives. **(WS3)**
- G. Ensure performance management metrics are adhered to and to provide monthly updates on Key Performance Indicators (KPIs) of all DR work streams to the core group. Monitor and report on all digital projects from affiliated organisations. **(WS5)**
- H. Secure funding through grants for trialling culturally relevant digital interventions and publish the evidence base in high impact journals to generate knowledge and learning. **(WS6)**

These Terms of Reference serve as a guiding document for Digital Remedial activities, ensuring alignment with its vision of transforming mental health care in low and middle-income countries through the strategic deployment of digital technologies.

## **Membership**

### **Voting Members**

**Chair:** Dr Rakhshi Memon

Dr Ali Hussain  
Dr Nadeem Gire  
Dr Silsila Sherzad  
Neha Omar  
Bushra Ali  
Amir Abbas  
Syed M Kashif

### **Non-Voting Members**

Dr Munnaza Obaid  
Maryam Javaid  
Bilal Arif  
Atika Juma

### **Co-Opt Members**

Prof Nusrat Husain

### **Quorum for decision making**

50% of membership will constitute a quorum.

### **Frequency of meetings**

Meetings will be held weekly on Friday.

### **Attendance**

Members will attend at least 70% of the meetings to be able to remain a voting member of DR group.

### **Process of Review**

These ToRs will be reviewed on an annual basis. Any amendments in the year will be made in exceptional circumstances by the agreement of the quorum.