

Digital bridges for human support: a review of online psychological interventions in social work contexts

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Abstract. The digital transformation of mental health services has swiftly advanced in recent years, significantly impacting social work practice. This review consolidates existing research on digital psychological therapies, including teletherapy, smartphone applications, chatbots, and psychoeducational platforms, as their adoption in social work contexts continues to rise. The study examines outcomes, including symptom reduction, help-seeking behavior, therapeutic alliance, and user satisfaction, through interdisciplinary research across various demographics, such as teenagers, older adults, and individuals with disabilities or chronic illnesses. The review emphasizes practitioner viewpoints on digital tools, the necessity of training in ethical digital practices, and the dangers of burnout and boundary erosion in distant service provision. Particular emphasis is placed on equity concerns including digital literacy, access inequities, and cultural adaptation, incorporating regional perspectives from Eastern Europe. Although digital tools have potential opportunities for broadening access and improving psychological assistance, their appropriate implementation necessitates human-centered design, ongoing assessment, and adherence to social work principles. This study promotes a hybrid future where digital innovation enhances—rather than supplants—relational, inclusive, and sustainable care.

Keywords. digital mental health, social work, teletherapy, digital equity, practitioner competencies

1. Introduction

The swift digitalization of psychological services, especially following the COVID-19 epidemic, has significantly transformed the field of mental health and social work practice. Initially regarded as supplementary to conventional in-person therapy, digital mental health interventions (DMHIs)—encompassing teletherapy, mobile applications, chatbots, and psychoeducational platforms—have evolved into primary methods for providing psychosocial support across diverse populations and contexts (Bucci, Schwannauer, & Berry, 2019; Mishna et al., 2021). This shift has generated new opportunities for care, while simultaneously prompting essential inquiries regarding ethics, access, equity, and the maintenance of

therapeutic integrity in technology-mediated environments (Chan & Holosko, 2018; Werntz et al., 2023).

The metaphor of "digital bridges" (Gloss, Glavey, & Godbout, 2012) effectively illustrates the function of these tools in connecting vulnerable populations—such as youth, the elderly, migrants, and residents of underserved areas—to therapeutic resources that would otherwise be inaccessible. These connections are particularly significant in social work, a field grounded in the principles of empowerment, accessibility, and fairness. According to Berzin, Singer, and Chan (2015), social work is presently confronted with a "grand challenge" to adopt digital innovation while preserving the relational and contextual aspects of practice. This difficulty is exacerbated by the ongoing digital divide, which disproportionately impacts the communities that social workers want to assist (López Peláez, Erro-Garcés, & Gómez-Ciriano, 2020; Bridge et al., 2025).

Digital psychological therapy have the significant possibility of reaching clients in low-resource and geographically remote areas, where mental health infrastructure may be deficient or inaccessible. In a rigorous meta-analysis, Fu et al. (2020) discovered that digital interventions can provide significant enhancements in mental health outcomes in low- and middle-income countries, particularly when culturally tailored and facilitated by human support. Zhao, Tan, and Tsang (2022) illustrate how social workers in Wuhan utilized online mental health resources during the peak of the epidemic to meet emerging psychological demands. These advancements highlight the capacity of digital tools as scalable and adaptive platforms for providing psychological support during systemic crises and displacement.

Nevertheless, beneath this optimism exists an increasing recognition of the constraints and dangers linked to DMHIs. User engagement continues to be a significant issue, as numerous interventions exhibit elevated drop-out rates, especially when implemented without individualized assistance or contextual adaptation (Werntz et al., 2023). The efficacy of these technologies frequently depends on digital literacy, cultural relevance, and access to reliable internet infrastructure—elements that are inequitably distributed across age, socioeconomic status, and geographic location (Snellgrove & Punch, 2024; Bridge et al., 2025). In numerous instances, the assurance of accessibility is undermined by discriminatory design assumptions that neglect the actual experiences of users in underrepresented communities.

The essential relational foundation of psychology and social work practice must not be compromised in the transition to digital delivery. Provoost et al. (2017) and Clark (2018) assert that even the most advanced platforms necessitate human support—through empathic direction, emotional validation, and ethical decision-making—to promote enduring engagement and therapeutic transformation. Evidence from initiatives such as the IAPT (Improving Access to Psychological Therapies) in the UK indicates that low-intensity digital interventions are beneficial only when integrated with human support networks (Clark, 2018).

The consequences from the standpoint of clinical social work are significant. Mishna et al. (2012) observed more than ten years ago that the digital realm was already "creeping in" to the essence of social work partnerships; post-pandemic, this presence has transitioned from peripheral to central. Mishna et al. (2021) indicate that the pandemic expedited this shift, compelling social workers to embrace various information and communication technologies (ICTs) with minimal prior experience or formal training. This transition has compelled the profession to reassess essential assumptions regarding presence, boundaries, secrecy, and relational profundity in the digital age.

This review aims to deliver a thorough, multidisciplinary synthesis of the existing landscape of online psychological therapies within social work contexts. Our objectives are to:

- Categorize the principal forms of Digital Mental Health Interventions (DMHIs) utilized in psychosocial support (e.g., teletherapy, mobile cognitive behavioral therapy, psychoeducational platforms, embodied conversational agents);
- Examine outcome data concerning user adherence, therapeutic alliance, and symptom amelioration across varied populations;
- Identify significant ethical, cultural, and technical challenges encountered in the implementation of these interventions in practical contexts;
- Analyze practitioner viewpoints and the developing digital competencies necessary in modern social work education and practice.

This analysis delineates the interconnections of technology, relational practice, and social justice, eventually endorsing a human-centered paradigm for digital mental health that augments rather than undermines the fundamental principles of psychological and social care.

2. Theoretical and disciplinary foundations

The use of digital tools into psychology and social work practice represents not merely a change in medium, but a profound transformation in the conceptualization and delivery of care, support, and therapeutic presence. Comprehending this growth necessitates an interdisciplinary perspective—integrating clinical psychology, digital ethics, public health, and social work theory—to contextualize digital mental health interventions (DMHIs) within their extensive theoretical and practical contexts.

The origins of digital mental health can be traced to early e-therapy projects in the 1990s; nevertheless, the discipline has only recently attained prominence as an evidence-based adjunct to conventional care. The COVID-19 pandemic acted as a global turning point, significantly expediting the integration of mobile applications, telepsychology, AI chatbots, and digital CBT platforms into conventional therapeutic environments (Torous et al., 2020; Graham et al., 2020). This swift expansion has been propelled by both necessity and the growing acknowledgment that digital tools can resolve enduring challenges related to access, reach, and stigma, especially in low- and middle-income nations (Fu et al., 2020; Zhang et al., 2021).

Notwithstanding this expansion, numerous obstacles persist. Mohr et al. (2017) identify three enduring issues: inadequate user involvement, restricted connection with actual clinical operations, and insufficient customization to meet the needs of varied populations. The fragmentation of tools, absence of standards, and uneven evidence reporting hinder the conversion of digital mental health into sustainable service models (Balcombe & De Leo, 2021). Recent evaluations indicate that with suitable design and execution strategies, DMHIs can effectively assist populations typically marginalized from formal therapy, such as adolescents, the elderly, and socioeconomically disadvantaged groups (Lehtimaki et al., 2021; Schueller et al., 2019; Garrido et al., 2019).

The use of digital interventions in social work should be analyzed through the person-in-environment approach, a fundamental concept in the field that highlights the interaction between human functioning and systemic, cultural, and institutional environments. In digital contexts, this idea acquires a novel significance. Social workers are increasingly required to traverse digital social environments, where identity, community, and support networks exist both physically and online (Chan & Holosko, 2018; Mishna et al., 2021).

Rad and Demeter (2019) frame this transition as sustainable digital wellbeing, contending that ethical and successful interventions must account for the digital environment, emotional capacity, and regulatory behaviors of users. These ideas are especially pertinent in post-pandemic environments, when both service consumers and practitioners engage with

online platforms that can either empower or alienate, contingent upon their design and implementation (Rad & Rad, 2021; Rad & Balas et al., 2021).

Furthermore, digital practice in social work must consider the social determinants of digital access, including device availability, platform usability, and digital literacy, particularly in areas facing socioeconomic vulnerability (Schueller et al., 2019; Lattie et al., 2022). The person-in-environment paradigm must be augmented to incorporate digital affordances and limits, necessitating that practitioners become proficient in both social work principles and technological mediation.

A range of evidence-based psychological models has been converted into digital formats, exhibiting differing levels of success and fidelity. The primary modalities include Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and mindfulness-based therapies. These models are highly suitable for digital adaptation because of their organized, modular structure and focus on self-reflection and skill development (Lehtimäki et al., 2021; Garrido et al., 2019).

Digital cognitive-behavioral therapy (CBT) has been effectively implemented through web-based modules and mobile applications to address depression and anxiety in adolescents and young adults, with outcomes equivalent to in-person therapies under certain settings (Lattie et al., 2022). Acceptance and Commitment Therapy (ACT), which prioritizes psychological flexibility, has been integrated into chatbot formats to assist users in navigating emotional distress and value-oriented behavior (Provoost et al., 2017). Mindfulness therapies, frequently incorporated into mood-tracking or guided meditation applications, demonstrate potential in improving self-regulation and diminishing emotional reactivity, particularly for users with restricted access to in-person therapy (Schueller et al., 2019; Borghouts et al., 2021).

Nonetheless, obstacles in engagement, attrition, and customization remain. Rad, Dixon, and Rad (2020) underscore the significance of "digital outing confidence"—a user's perceived proficiency in navigating digital experiences—as a modulator of therapeutic efficacy. Inadequate support may lead users to withdraw from interventions that are otherwise clinically valid. This underscores the increasing agreement that technical effectiveness must align with psychological and behavioral preparedness to maximize intervention efficacy (Mohr et al., 2017; Wies, Landers, & Ienca, 2021).

The proliferation of digital mental health services necessitates a reevaluation of ethics, governance, and professional accountability. Numerous frameworks inform ethical decision-making in this domain, including directives from the American Psychological Association (APA), the National Association of Social Workers (NASW), and the developing digital ethics norms of the European Union. Primary concerns encompass informed consent, data privacy, algorithmic transparency, and equal access.

Wies, Landers, and Ienca (2021) present a thorough examination of the ethical advantages and disadvantages in digital mental health for kids, highlighting that the benefits of anonymity and scalability must be balanced against the hazards of monitoring, misdiagnosis, and algorithmic prejudice. Within the European framework, GDPR compliance constitutes a fundamental ethical benchmark; nonetheless, numerous commercial applications fail to meet transparency norms, especially with data sharing and user profiling (Borghouts et al., 2021). Rad & Rad (2021) present a Theory of Change framework specifically designed for community-based digital interventions, highlighting ethical iteration, community consent, and agile development. Their paradigm combines ethical design with behavioral results, providing a framework for interventions that are both psychologically beneficial and socially responsible. Rad and Ignat (2020) advocate for context-aware digital health, particularly in social media

environments where user data, attention, and emotional states are perpetually commodified. According to these authors, ethical conduct in digital environments must not only prevent harm but also actively foster user autonomy, inclusion, and equity.

In summary, the theoretical and disciplinary underpinnings of digital psychological interventions within social work contexts demonstrate a synthesis of clinical acumen, technology advancement, and ethical responsibility. By anchoring digital interventions in psychological research, contextual awareness, and human-centered principles, practitioners can more adeptly address the intricate realities of modern service users—cultivating not only digital tools but also digital trust.

3. Typology of digital psychological interventions in social work

As digital transformation progresses in health and social care sectors, a comprehensive classification of digital psychological therapies has developed, each characterized by unique modalities, technical specifications, and therapeutic efficacy. These treatments differ in formality, interactivity, and professional engagement, yet all aim to provide mental health care via digital platforms. In social work, where relational depth, contextual awareness, and systemic navigation are crucial, these technologies must be evaluated for both clinical efficacy and alignment with practice values and population requirements. This section delineates three primary areas of digital intervention: teletherapy and telecounseling, mobile applications and chatbots, and psychoeducational platforms and e-learning modules.

Teletherapy, the most direct digital equivalent of in-person psychotherapy, has experienced significant development, especially during and following the COVID-19 pandemic. Teletherapy, conducted using secure video conferencing platforms, allows certified clinicians to facilitate individual, couple, or group sessions in real time. These synchronous encounters preserve numerous characteristics of conventional therapy, including vocal communication, visual signals, and session organization, while removing geographical and transportation obstacles.

Meta-analytic findings indicate the therapeutic equivalence of teletherapy and in-person psychotherapy in the treatment of depression and associated disorders (Giovanetti et al., 2022). In particular, behavioral activation, CBT, and psychoanalytic approaches have demonstrated strong adaptability to virtual formats (Trombello et al., 2017; Scharff, 2018). According to Lin, Stone, and Anderson (2024), the advancement of teletherapy necessitates that therapists effectively adapt their in-person skills—such as attunement and emotional responsiveness—into the digital realm, frequently altering their delivery in nuanced yet significant manners.

From a social work perspective, teletherapy broadens the relational objectives of the profession into domestic settings, rendering it particularly effective for crisis intervention, case management, and aftercare. Yeh, Tsai, and Chien (2021) emphasize how social workers and counselors utilized tele-counseling to ensure continuity of support during service disruptions caused by the epidemic, despite the emotional and technological hurdles encountered.

Nonetheless, apprehensions persist regarding the therapeutic connection in remote modalities, especially among clients with intricate relational trauma or obsessive-compulsive characteristics. Research conducted by Tadayon Chaharshughi et al. (2021) and Maurya et al. (2020) reveals that although numerous clients value the convenience and anonymity of tele-counseling, they often encounter difficulties with engagement, emotional connection, or session intimacy—challenges that necessitate continuous professional adaptation and oversight.

A second, swiftly expanding group encompasses mobile applications and AI-assisted relational agents. These tools, typically utilized on smartphones or tablets, provide autonomous psychological assistance through interactive exercises, mood monitoring, behavioral cues, and psychoeducational materials. Notable evidence-based examples encompass applications providing digital cognitive behavioral therapy for depression and anxiety, mindfulness modules, and sleep hygiene initiatives. Such techniques are particularly appealing in social work settings, where staffing deficiencies, stigma, or geographical barriers may hinder access to professional help.

Relational agents like Woebot and Wysa utilize natural language processing and artificial intelligence scripts to replicate conversational support, assisting users in expressing emotions and obtaining coping skills. Although these tools cannot replace licensed treatment, recent research suggest they may improve early engagement, emotional regulation, and help-seeking behaviors among young people and digitally native groups (Provoost et al., 2017; Rad & Rad, 2021).

These applications correspond with public health and preventative mental health frameworks commonly employed in social work. Nonetheless, accessibility and participation continue to pose significant obstacles. Mobile interventions, lacking integration into comprehensive care systems or support from qualified experts, are susceptible to dropout, misinterpretation, or superficial engagement (Schueller et al., 2019). Furthermore, ethical concerns around privacy, data utilization, and algorithmic transparency endure, particularly when applications are commercialized and subjected to minimal regulation.

A third intervention type—psychoeducational platforms and e-learning modules—has emerged as a flexible and scalable method for promoting digital mental health. These platforms generally offer organized courses, videos, quizzes, and resource libraries, frequently aimed at adolescents, families, or senior individuals. Content may encompass mood regulation, parenting skills, grief processing, digital literacy, and community resilience.

Such initiatives align closely with community-based social work, which prioritizes empowerment via knowledge and capacity enhancement. They are frequently used in schools, child protection programs, and aging services to support prevention, psychoeducation, and early intervention—especially where individualized therapy is impractical due to cost or scale.

Significantly, peer support elements, including discussion forums or moderated communities, are increasingly integrated into these platforms, fostering digital social connectedness, which is especially beneficial for demographics facing isolation, such as caregivers, migrant youth, or individuals with chronic illnesses. These platforms also provide a venue for community-informed intervention design, a key priority in social work-led digital projects (Rad & Demeter, 2019; Rad et al., 2020).

However, the success of these platforms depends on cultural tailoring, accessible language, and multimodal design. If not well adapted to the needs and values of the target population, such platforms risk reinforcing the digital divide rather than bridging it (López Peláez et al., 2020; Balcombe & De Leo, 2021).

The typology of digital psychological interventions in social work encompasses a spectrum of synchronous and asynchronous tools, each with unique benefits and limitations. Teletherapy ensures consistent relational care; mobile applications and chatbots facilitate scalable, accessible support; and psychoeducational platforms enhance individual and community empowerment through information dissemination. However, to achieve sustainable impact, these tools must be critically evaluated, ethically implemented, and adapted to the diverse social ecologies in which clients and practitioners operate.

4. User engagement, equity, and access

Notwithstanding the swift expansion and potential of digital psychological interventions, their accessibility and efficacy are markedly limited by enduring inequities in digital literacy, access, and engagement. These challenges are particularly salient in social work contexts, where service users often include individuals and communities that are socioeconomically marginalized, digitally excluded, or structurally underserved. To fully harness the potential of digital mental health technologies, it is imperative to critically assess the barriers to access and solutions for equitable engagement—not alone as technology challenges, but as concerns of social justice and human rights (Sanders & Scanlon, 2021).

Digital literacy, characterized as the capacity to access, comprehend, and critically assess digital content and technologies, is disproportionately allocated among groups, frequently correlating with age, education, disability, and geographic location (Choudhary & Bansal, 2022; Shaw, 2023). Senior individuals may have challenges in utilizing mobile applications or teletherapy platforms due to their lack of experience with digital interfaces or age-related impairments in vision, hearing, or motor coordination (Eden, Chisom, & Adeniyi, 2024; Snellgrove & Punch, 2024). Similarly, adolescents in rural or low-income households may lack access to reliable devices or internet connections, limiting their ability to benefit from online mental health interventions (Wang, Qu, & Yin, 2025).

Geographic digital gaps, particularly between rural and metropolitan locales, persist significantly in numerous Eastern European nations, including Romania, where internet infrastructure in remote locations is inferior to that of urban centers. Rural Romanian teenagers who require substantial emotional assistance and career guidance frequently find themselves estranged from formal mental health institutions, often resorting to informal or peer-based digital platforms devoid of clinical supervision (Rad & Rad, 2021; Rad & Ignat, 2020).

Affordability continues to be a significant impediment. Despite the provision of services at minimal or no cost, consumers may encounter ancillary expenditures associated with device maintenance, data plans, and software updates. In communities experiencing economic instability, labor migration, or displacement, such expenses can be excessive (Wang, Qu, & Yin, 2025; Fu et al., 2020).

Infrastructure deficiencies exacerbate these obstacles. Inconsistent internet connectivity, recurrent power failures, and insufficient private or secure environments for teletherapy participation all lead to low adoption rates and premature discontinuation of digital therapies (Shaw, 2023). Cultural stigma associated with mental health can discourage individuals—particularly men, ethnic minorities, or adolescents—from pursuing digital support, despite its availability (Zhang et al., 2021; Rad & Rad, 2021).

Studies indicate that user engagement and adherence can be enhanced through a synthesis of interface design, cultural customization, digital literacy education, and human support frameworks. For instance, Giovanetti et al. (2022) highlight the importance of therapeutic alliance, even in teletherapy, as a protective factor against dropout. Tadayon Chaharshughi et al. (2021) corroborate this, revealing that planned onboarding sessions, consistent check-ins, and user-directed pacing enhanced retention in patients with OCD.

In social work education and community practice, digital literacy can be enhanced through interactive techniques such as digital storytelling, makerspace initiatives, and peer-led training (La Rose & Detlor, 2021). These methods not only improve technical skills but also promote emotional expression, self-reflection, and interpersonal connection—essential competencies in trauma-informed digital practice (Eden et al., 2024; Mishna et al., 2021).

Furthermore, integrated human assistance, including live chat with counselors or guided navigation through psychoeducational modules, has demonstrated a substantial enhancement in outcomes, particularly for users from marginalized areas (Werntz et al., 2023; Lattie et al., 2022). This corresponds with the extensive research on the implementation of digital mental health, which underscores blended models that integrate digital information with immediate professional involvement (Graham et al., 2020; Mohr et al., 2017).

In Eastern Europe, especially in Romania, digital inequality overlaps with overarching patterns of structural marginalization, encompassing inadequate social services, labor migration, and rural depopulation. Research conducted by Rad & Demeter (2019) and Rad et al. (2020) demonstrates that youth in Romanian communities encounter significant digital fragmentation; they engage with smartphones and social media everyday yet lack access to organized, reliable mental health resources or structured digital support networks.

Furthermore, parental migration, a prevalent occurrence in Romania, frequently results in psychological challenges for "left-behind" children who experience emotional neglect and educational instability. These children may have access to the internet, but not to emotionally attuned, linguistically relevant, and professionally moderated interventions—a gap that current digital programs rarely address (Rad & Rad, 2021).

In these circumstances, the implementation of community-oriented digital wellness frameworks—highlighting resilience, agency, and ethical design—is crucial. These approaches encourage user engagement, intergenerational education, and the integration of local culture, presenting a viable approach for social workers involved in digitally facilitated psychosocial support (Rad & Rad, 2021; Rad & Ignat, 2020).

Attaining equal participation in digital psychological interventions necessitates significantly more than mere technology access. It necessitates a multifaceted approach that tackles the social drivers of digital inclusion, customizes content to user contexts, and fosters trust through interpersonal connections and local significance. The digital frontier offers social workers and psychologists both an innovation challenge and a significant opportunity to restructure mental health institutions based on values of justice, accessibility, and relational care.

5. Evaluation of intervention outcomes

Assessing the efficacy of digital psychological interventions in social work necessitates not only outcome measures like symptom alleviation and satisfaction but also a sophisticated comprehension of user engagement, perceived utility, and relationship dynamics in virtual environments. As these tools evolve, the demographics they cater to also expand, encompassing adolescents grappling with identity crises and elderly folks facing solitude. This section examines both quantitative and qualitative research for essential outcome domains: decrease of mental health symptoms, help-seeking behaviors, digital therapeutic alliance, and usability among various demographics.

A significant amount of research substantiates the effectiveness of digital treatments in alleviating depression, anxiety, and stress-related symptoms, especially when these activities are facilitated or integrated within comprehensive support systems. Multiple randomized controlled trials and meta-analyses have substantiated that online CBT modules, behavioral activation protocols, and blended teletherapy formats yield statistically significant enhancements in mental health outcomes (Giovanetti et al., 2022; Garrido et al., 2019; Lattie et al., 2022).

Trombello et al. (2017) shown in a research utilizing the VitalSign6 program that telehealth-administered behavioral activation significantly diminished sadness and anxiety in primary care patients, with effect sizes akin to those of in-person therapies. This is corroborated by additional research on app-based CBT programs and mood regulation tools, especially when users had supplementary advice from therapists or case managers (Schueller et al., 2019; Balcombe & De Leo, 2021).

Although symptom reduction is a primary indicator, the probability of persons seeking and maintaining assistance is also vital—particularly in social work, where stigma, cultural norms, and institutional distrust may impede involvement. Digital platforms provide a level of anonymity and autonomy that seems to promote initial help-seeking, especially among youth.

Pretorius, Chambers, and Coyle (2019) conducted a systematic narrative review and discovered that online mental health services reduced barriers to disclosure and initial engagement among teenagers, frequently serving as a preliminary step before to accessing conventional care. Kauer, Mangan, and Sancu (2014) similarly determined that digital platforms enhanced mental health literacy and the willingness to pursue formal assistance, particularly during the initial phases of symptom recognition.

The quality of the therapeutic connection, a crucial determinant of treatment efficacy, is being increasingly examined in digital formats. Stoeten et al. (2022) discovered that robust digital alliances, assessed via session feedback and perceived empathy, were associated with enhanced outcomes and reduced attrition in their examination of web-based treatment for eating disorders. Huang et al. (2025) employed machine learning models to investigate user ratings of the helpfulness of online Q&A mental health interactions, revealing that relational warmth and perceived responsiveness substantially improved the sensation of support, even in asynchronous formats.

These findings indicate that digital tools can cultivate significant interpersonal connections and trust, assuming they are crafted with psychological insight and relational awareness.

Usability and user satisfaction are essential measures for assessing the viability of interventions, particularly in populations with low literacy or high risk. Research indicates that treatments featuring clear navigation, pertinent material, customisation options, and multilingual support typically achieve elevated satisfaction ratings (Lattie et al., 2022; Borghouts et al., 2021).

For example, in a study of adolescents using digital CBT platforms, Garrido et al. (2019) noted that engagement was higher when the app design reflected youth culture and communication styles, such as emoji-based feedback, meme-sharing capabilities, or gamification features. Conversely, platforms that emulated inflexible clinical formats without accommodating user requirements frequently experienced elevated dropout rates.

Usability ratings are especially crucial for social work clients, who may experience emotional anguish, financial difficulties, or low technological familiarity. Rad & Rad (2021) emphasize that digital interventions should consider therapeutic requirements as well as confidence, motivation, and contextual safety, particularly for persons dealing with chronic stress, stigma, or trauma histories.

Young individuals constitute a crucial demographic for digital mental health due to their technological proficiency and increasing prevalence of anxiety, depression, and identity-related discomfort. Pretorius et al. (2019) demonstrate that adolescents frequently seek information online prior to consulting professionals, rendering digital interventions a vital entry

point. Success, however, depends on the relatability of content, assurance of privacy, and participatory design.

Rad & Demeter (2019) discovered that adolescents in Romania and Eastern Europe often interact with mental health content on YouTube and Instagram, yet they lack access to validated, moderated interventions, underscoring the necessity for culturally relevant platforms that combine familiarity with therapeutic substance.

Senior individuals, particularly in rural or remote areas, have gained advantages from teletherapy and structured psychoeducational resources designed to alleviate loneliness, bereavement, and anxiety. Nonetheless, the use of digital technology within this demographic is frequently constrained by technophobia, sensory impairments, and the intricacy of interfaces (Snellgrove & Punch, 2024; Eden et al., 2024). Customized interventions utilizing enlarged fonts, voice-activated instructions, and intergenerational support frameworks demonstrate potential but necessitate further investment and training.

Digital treatments serve as empowering instruments for individuals with mobility disabilities, chronic health issues, or cognitive difficulties, facilitating flexible, home-based care. Nonetheless, accessibility features—such as screen readers, simplified language, or caregiver integration—are frequently insufficiently developed (Lattie et al., 2022; Zhang et al., 2021). Social workers are crucial in promoting adaptable design and facilitating digital inclusion via personalized digital coaching or collaboration with technology developers (Sanders & Scanlon, 2021; Choudhary & Bansal, 2022).

The results of digital psychological therapies are encouraging yet contingent on circumstance. Although numerous solutions have distinct advantages in alleviating symptoms and enhancing participation, their efficacy differs according to demographic, platform, and amount of assistance. To properly leverage digital advancements in social work, outcome evaluation must extend beyond symptom checklists to encompass relational quality, cultural alignment, user empowerment, and lived experience—elements that embody the profession's holistic and justice-oriented principles.

6. Practitioner perspectives and professional competencies

The use of digital resources into psychology and social work practices not only alters service delivery but also redefines the roles, identities, and skills of practitioners. As online therapies become integral to modern mental health and social care systems, the viewpoints of professionals—psychologists, counselors, social workers—expose a complex landscape of enthusiasm, ambivalence, and apprehension. This part examines practitioner attitudes, identifies persistent obstacles in ethical and technical proficiency, and evaluates frameworks for digital supervision and ongoing professional growth.

The perspectives of practitioners on digital interventions are influenced by their clinical experience, technological proficiency, and exposure to digital practices during their training. Despite widespread recognition among professionals of the advantages of digital tools—namely enhanced accessibility, scheduling flexibility, and diminished stigma—apprehensions remain about the quality of relational engagement, emotional attunement, and the absence of in-person nuance (Yeh et al., 2021; Tadayon Chaharshoghi et al., 2021).

A national study conducted by Maurya, Bruce, and Therthani (2020) revealed that while the majority of counselors endorsed distance counseling, many expressed concerns about boundaries, data security, and their personal readiness to provide treatment online. Scharff (2018) highlighted the intricacies of adapting psychodynamic tools for teleanalysis, observing

that unconscious processes, transference, and embodied relationship cues are more challenging to discern and address via screens.

Social workers frequently exhibit a bifurcated reaction to digital practice: they value the ability to sustain communication with clients during crises (e.g., pandemics, displacement), yet they voice apprehensions that technology might depersonalize or trivialize the human experience (Mishna et al., 2021; Sanders & Scanlon, 2021). In Eastern European environments, these tensions are exacerbated by infrastructure deficiencies, ambiguous institutional directives, and inadequate professional development opportunities (Rad & Rad, 2021).

The swift use of digital tools has surpassed the establishment of formal training programs, resulting in several professionals being ill-equipped to address the ethical, clinical, and technological problems associated with online work. This disparity is particularly pronounced in domains such as informed consent within digital environments, platform security, transnational service provision, and data protection legislation like GDPR and HIPAA (Wies, Landers, & Ienca, 2021; Graham et al., 2020).

In response, academics and professional organizations have advocated for the incorporation of integrated digital ethics curriculum in social work and psychology education. Choudhary and Bansal (2022) assert that digital literacy training should encompass both operational skills (e.g., utilizing platforms or teleconferencing tools) and critical reflexivity, allowing practitioners to interrogate the influence of technology on power dynamics, inclusion, and surveillance within client relationships. La Rose and Detlor (2021) advocate for experiential learning models—such as digital storytelling or makerspace involvement—that enhance both technical proficiency and emotional awareness.

Rad and Rad (2021) present a Theory of Change paradigm for ethical digital interventions, emphasizing the necessity of practitioner engagement in co-design processes and a dedication to culturally responsive, community-centered implementation. This approach is congruent with social work principles, guaranteeing that digital technologies promote both individual results and communal welfare.

The digitalization of practice has engendered novel psychological concerns for practitioners, such as digital tiredness, indistinct work-life boundaries, and emotional depletion. Unlike in traditional settings, where physical space and time structure therapeutic encounters, online environments often erode natural boundaries, leading to an “always-on” culture that can accelerate burnout (Mishna et al., 2021; Lin, Stone, & Anderson, 2024).

Therapists and social workers may struggle to emotionally detach after conducting teletherapy sessions from their residences, especially when dealing with high-need clients or in intricate trauma scenarios. The absence of environmental transition cues (e.g., commuting, workplace rituals) can undermine self-regulation, reflective practice, and interpersonal rejuvenation (Scharff, 2018; Yeh et al., 2021). Moreover, extended screen time and multitasking in digital case management may result in cognitive fatigue and diminished empathy, especially in resource-limited or high-demand service settings (Torous et al., 2020; Shaw, 2023).

Advancing digital wellbeing among practitioners is therefore an essential professional obligation. Proposed interventions to alleviate the emotional burden of remote delivery include protected offline periods, digital detox procedures, peer support groups, and mindfulness-based technology utilization (Rad & Balas et al., 2021; Huang et al., 2025).

To maintain ongoing ethical proficiency and emotional fortitude in digital contexts, supervision and continuing professional development (CPD) must adapt accordingly. Conventional face-to-face supervision models frequently conflict with the flexibility and

immediacy required in remote work, leading to a growing interest in asynchronous, video-based, or real-time digital supervision formats (Lin, Stone, & Anderson, 2024; Graham et al., 2020).

Well-structured digital supervision facilitates session evaluation, screen-sharing of case notes, and real-time observation of online treatment sessions, thereby augmenting accountability and skill enhancement. Nonetheless, issues about confidentiality, access to technology, and supervisor proficiency persist in numerous businesses. Wang, Qu, and Yin (2025) propose that institutions should allocate resources towards safe platforms, digital oversight procedures, and intergenerational knowledge exchange to adequately equip both supervisors and supervisees.

In Romania and other Eastern European settings, efforts to advance digital pedagogies in social work and psychology curricula are emerging however remain disjointed (Rad & Demeter, 2019). Pilot initiatives utilizing online modules, digital case simulations, and practice-based reflection journals demonstrate potential but necessitate institutional endorsement and faculty development for sustainability.

The digital transformation in psychological care necessitates a redefinition of practitioner roles, competencies, and support frameworks. In addition to technical proficiency, workers must develop digital empathy, ethical foresight, and emotional sustainability. As digital interventions advance, the instructional and supervisory frameworks that direct their implementers must also progress. In this setting, social workers and psychologists are not merely service providers but co-designers of a more inclusive, reflective, and human-centered digital future.

7. Discussion

The swift digitalization of psychosocial interventions—expedited by the COVID-19 pandemic—has radically transformed the manner in which help is provided, accessed, and experienced. This review emphasizes that digital mental health interventions (DMHIs), previously seen as supplementary, have become integral elements of psychological and social work service provision. A substantial body of evidence indicates that digital tools can effectively alleviate symptoms, promote help-seeking behavior, and broaden access to care across various populations, contexts, and platforms, particularly in underserved areas or among digitally proficient groups such as youth (Giovanetti et al., 2022; Kauer et al., 2014; Fu et al., 2020). The shift from in-person to online formats presents both opportunities and challenges that require careful assessment.

The empirical literature consistently indicates positive outcomes in depression, anxiety, and emotional regulation across various intervention types—teletherapy, mobile applications, and psychoeducational platforms—particularly when digital tools are employed in blended or guided formats (Trombello et al., 2017; Lattie et al., 2022). The therapeutic bond, once regarded as a possible victim of distant treatment, has demonstrated remarkable endurance in well-structured digital settings. Research indicates that warmth, empathy, and engagement can be successfully communicated online, especially when underpinned by deliberate design and practitioner training (Stoeten et al., 2022; Huang et al., 2025).

Moreover, digital platforms are becoming recognized for their capacity to reduce psychological and logistical impediments to obtaining assistance. This is especially applicable to teenagers, who frequently commence mental health involvement via online resources prior to accessing official treatment systems (Pretorius et al., 2019). Simultaneously, increasing focus is directed towards user-centered design, ethical standards, and digital literacy,

particularly concerning senior populations, those with impairments, and rural communities (Eden et al., 2024; Choudhary & Bansal, 2022; Shaw, 2023).

A good framework for critically assessing digital tools in social work is provided by comparing them with embodied systemic approaches, such as Eco-Systemic Structural Family Therapy (ESFT). Grounded in structural family therapy and ecological theory, ESFT prioritizes in-person engagement, bodily attunement, and intricate family dynamics—factors that are partially obscured or altered in digital media (Lindblad-Goldberg & Northey, 2013; Feaster et al., 2010). ESFT's emphasis on live, co-regulated interaction creates an ontological distinction from the asynchronous or partially automated nature of numerous DMHIs.

The philosophical gulf between ESFT and digital interventions is not insurmountable. Both frameworks prioritize systemic thinking, accessibility, and relational integrity, however they implement these principles differently. In situations where ESFT is impractical—due to distance, conflict, or pandemic limitations—digitally modified systemic interventions may provide continuity and emotional support. Recent studies indicate that digital relational agents and online group treatment environments may emulate certain elements of systemic containment; however, further research is required to substantiate these models (Provoost et al., 2017; Rad & Rad, 2021).

The transition from corporeal relationality to virtual presence does not diminish therapeutic depth but necessitates a re-conceptualization of presence—one facilitated by screen-based signals, platform capabilities, and ethical considerations.

Digital mental health tools provide distinct benefits for social work practice. They can:

- Expand reach across geographic and socio-economic borders.
- Mitigate stigma by providing discrete entry points.
- Ensure continuity of care during crises or service interruptions.
- Facilitate scalability, particularly for preventative and psychoeducation initiatives.

Furthermore, digital platforms correspond with the social work principles of inclusion and empowerment, especially when utilized to elevate disadvantaged perspectives or promote peer support (Sanders & Scanlon, 2021; Berzin et al., 2015).

Nonetheless, these instruments also present new equity concerns. Neglecting access, cultural relevance, and data ethics in digital interventions may exacerbate the disparities they intend to mitigate (Wies, Landers, & Ienca, 2021; Zhang et al., 2021). For instance, although AI-driven chatbots may assist in emotional regulation for English-speaking urban teenagers, they may be ineffective or irrelevant for rural Romanian elderly or Roma adolescents with little literacy and significant distrust in institutions (Rad & Demeter, 2019; Rad & Ignat, 2020).

Moreover, practitioner burnout, indistinct boundaries, and technology overload have surfaced as critical concerns, particularly in environments where digital delivery lacks sufficient training, supervision, or reflective practice frameworks (Lin et al., 2024; Mishna et al., 2021). These constraints highlight the necessity for hybrid structures, wherein digital innovation enhances—rather than supplants—relational and contextual profundity.

Following COVID-19, the future of mental health and social work service delivery is unequivocally hybrid. In the process of reconstruction and modernization, digital interventions should be regarded not as temporary measures, but as essential elements of enduring resilience (Torous et al., 2020; Graham et al., 2020). Governments, colleges, and professional organizations today confront the simultaneous issue of institutionalizing digital proficiency while preserving relational quality and ethical standards.

The digital transition presents social workers with both a challenge and an opportunity: to broaden their outreach without diminishing care to mere clicks, and to incorporate technology without compromising human connection. The essence resides in anchoring digital innovation within the fundamental principles of relational justice, inclusion, and ecological consciousness—tenets that have historically directed social work and are critically necessary in a digitized society.

8. Conclusion

The digital revolution of psychological interventions has initiated a new era of opportunities for social work and mental health care, characterized by increased accessibility, adaptability, and creativity. This research demonstrates that digital psychological interventions—such as teletherapy, chatbots, mobile applications, and psychoeducational platforms—possess considerable potential as instruments for increasing equity, especially for underserved, geographically isolated, or socially stigmatized groups. When linked with the fundamental principles of social work—namely, inclusion, empowerment, and justice—digital technology can facilitate the removal of conventional obstacles to care and establish novel avenues for psychosocial assistance across diverse age groups, abilities, and cultural contexts.

Nonetheless, tremendous potential entails significant responsibility. The incorporation of digital tools must be deliberate, ethical, and contemplative, grounded on both technological proficiency and relational acumen, as well as systemic consciousness. This review highlights that digital interventions lack neutrality; their efficacy is contingent upon their design, implementation, and maintenance in practical environments. Continuous assessment of outcomes—especially concerning user involvement, therapeutic relationship, and cultural compatibility—is crucial to prevent these tools from perpetuating or intensifying existing disparities.

Furthermore, digital innovation necessitates investment in practitioner competencies, encompassing training in ethical digital practices, digital supervision, and emotional self-care. Practitioners must be empowered as co-creators and custodians of responsible technology utilization, according to principles of human dignity, data privacy, and social accountability.

The future of digital psychological interventions in social work should be determined not only by scalability or efficiency but also by their ability to foster relational, ethical, and sustainable care. Human-centered technology, grounded in therapeutic understanding and social justice, can transcend mere service delivery; it can cultivate connection, restore agency, and reinforce the social fabric in a digitally interconnected world.

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