DIGISEM: Digital Innovation for Mental Health Support Services

Organisation(s):	FUNDACIÓN REY ARDID (ZARAGOZA, SPAIN) The ISEM network (Social Inclusion of people with mental illness) is the coordinating entity of the project, in which the Rey Ardid Foundation is a partner The consortium is composed by: Murcia – Asociación Murciana de Rehabilitación Psicosocial Palma de Mallorca (Balearic Islands) – Asociación para la Salud Mental Gira-Sol Barcelona (Catalonia) – Fundación CHM Salut Mental Valladolid (Castile and León) – Fundación INTRAS Zaragoza (Aragon) – Fundación Ramón Rey Ardid Sueca, Valencia (Valencian Community) – Fundación SASM Cáceres (Extremadura) – Fundación Sorapán de Rieros Madrid – Intress (Institute of Social Work and Social Services)
Country:	SPAIN
Contact:	policy@esn-eu.org (we will function as an intermediary between you and interested organisations who want to learn more about the practice)

Theme: *Choose at least one option*	☐ Ageing & Care ☐ Asylum & Migration ☐ Young People ☐ Support for Children & Families ☐ Community Care ☐ Integrated Care & Support ☐ Co-Production ☒ Disability ☐ Housing & Homelessness ☐ Artificial Intelligence ☒ Digitalisation ☐ Quality Care	☐ Labour Market Inclusion ☐ Social Inclusion ☐ Technology ☐ Workforce and Leadership ☐ Social Benefits ☐ EU Funding ☐ Social Services' Resilience ☒ Mental Health ☐ Person-Centred Care ☐ Research & Use of Evidence ☐ Management & Planning ☐ Other, please specify:
Principles of the European Pillar of Social Rights: *Which principles does your practice cover?Check the 20 principles here.*	☒ 1. Education, training, life-long learning ☐ 2. Gender equality ☒ 3. Equal opportunities ☐ 4. Active support to employment ☐ 5. Secure and adaptable employment ☐ 6. Fair Wages ☐ 7. Transparent employment conditions ☐ 8. Social dialogue ☐ 9. Work-life balance ☐ 10. Healthy, safe work environment	☐ 11. Childcare and child support ☐ 12. Social protection ☐ 13. Unemployment benefits ☐ 14. Minimum income ☐ 15. Old age income and pensions ☐ 16. Health care ☒ 17. Inclusion of people with disabilities ☐ 18. Long-term care ☐ 19. Housing and assistance to homeless ☐ 20. Access to essential services
Current status of the practice:	☐ Concept and Design Phase ☒ Testing or pilot phase ☐ Temporary practice that has terminated	

	☐ Temporary practice that is ongoing and has a termination date ☒ Established and ongoing practice ☐ Scaling Up and Transformation Phase ☐ Other (please specify):
Summary: *Please summarise the practice in maximum 3 sentences. This will be the disclaimer of your project on our website. Example here.*	DIGISEM is a national pilot project that introduces inclusive and ethical digital tools to modernise mental health services across eight regions in Spain. It enhances autonomy, participation, and quality of care for people with mental health conditions through technologies such as wearables, tablets, smart devices, and immersive systems. The project provides a scalable and replicable model for digital transformation in social services.
Context/ Social issues addressed *Please explain the problem you attempt to solve with your practice.*	DIGISEM addresses the urgent need to modernise mental health services in Spain, which traditionally rely on analogue, reactive, and fragmented care models. The project tackles challenges such as the digital divide, low digital literacy, limited technological infrastructure, and resistance to change among both professionals and users. It seeks to improve autonomy, quality of life, and personalised care for people with mental health conditions through ethical, inclusive, and sustainable digital transformation.
Objectives: *Please provide **a maximum of three** objectives in bullet points.*	1. Modernise mental health and social care services by integrating inclusive and ethical digital tools that enhance autonomy, participation, and quality of life for service users. 2. Improve service efficiency and professional workflows through digital case management, data-driven decision-making, and the adoption of innovative technologies across diverse care settings. 3. Promote digital inclusion and literacy among users and professionals by providing training, co-design processes, and supportive environments that reduce the digital divide and resistance to change.
Activities: *Please describe the activities put in place to achieve the objectives (maximum 400 words).*	To achieve its objectives, the DIGISEM project implemented a comprehensive set of activities combining digital deployment, training, evaluation, and collaborative innovation across eight regions in Spain. The project began with a diagnostic phase in which each organisation assessed its technological needs, existing infrastructure, and user profiles. This allowed the consortium to design tailored digital pilots adapted to residential, community-based, and therapeutic mental health services. A key activity was the implementation of diverse digital tools, including tablets, wearables, smart speakers, immersive projectors, GPS devices, environmental sensors, and digital signage systems. These technologies were integrated into daily routines to support communication, cognitive stimulation, crisis prevention, medication management, and remote monitoring. Organisations adapted each tool to their specific service models, ensuring alignment with therapeutic goals and user needs. To support meaningful and ethical adoption, DIGISEM carried out extensive training programmes for professionals and service users. Staff received hands-on training in digital case management, use of devices, data privacy, and troubleshooting. Service users participated in workshops focused on digital

	literacy, safe technology use, and exploration of tools that promote autonomy. These sessions not only improved skills but also reduced resistance to innovation and fostered confidence in the digital transition. Another critical activity was the co-design and participatory development of digital practices. Users, professionals, managers, and technology providers collaboratively evaluated usability, relevance, and accessibility of the tools. Feedback was collected through interviews, group discussions, and in-situ observation, allowing continuous adaptation of technological solutions to real-world contexts. This iterative process ensured that digitalisation remained person-centred and ethically grounded. The project also invested in monitoring and evaluation, gathering both quantitative and qualitative data. Participating organisations recorded usage frequency, user satisfaction, impact on autonomy, incident reduction, and improvements in workflow efficiency. These data informed periodic reviews and helped identify best practices, challenges, and required adjustments. Insights were also shared across the network through joint meetings and cross-learning sessions. Finally, DIGISEM promoted knowledge transfer and scalability by creating implementation guidelines, training materials, and documentation of lessons learned. Dissemination activities included coordination meetings, collaborative workshops, and exchanges among partner organisations to ensure that the digital solutions tested can be replicated in other regions and adapted to diverse populations. Through this combination of technological deployment, capacity building, co-design, and systematic evaluation, DIGISEM has built a robust and inclusive framework for the ethical digital transformation of mental health services.
Outcomes: *Please explain what the results were/are so far and how you evaluated this (i.e. statistics, a study, or feedback)*	The DIGISEM project has generated significant positive outcomes across the eight participating mental health organisations, demonstrating measurable improvements in user autonomy, quality of care, professional workflows, and organisational efficiency. The introduction of digital tools—such as tablets, wearables, smart speakers, immersive projectors, and environmental sensors—led to more personalised and engaging interventions. Service users reported increased emotional well-being, greater motivation to participate in therapeutic activities, and improved communication with professionals. Technologies such as GPS-enabled watches and smart pill dispensers contributed to higher levels of independence, reducing incidents related to missed medication or disorientation. Professionals observed improved coordination and reduced administrative burden thanks to digital case management tools, videoconferencing systems, and streamlined information flows. Staff noted that technology facilitated more responsive and flexible support, allowing them to focus more time on direct care. Cognitive stimulation tools, immersive projectors, and interactive platforms increased user engagement, especially among people with mental health conditions, older adults, and individuals with cognitive impairments. The evaluation was carried out through a combination of quantitative and qualitative methods. User satisfaction, frequency of technology use, adherence data, and operational indicators were collected internally by each organisation. Qualitative feedback from users, professionals, and managers—via interviews,

	focus groups, and observation—provided insight into usability, perceived benefits, and areas for improvement. Partner organisations and technology providers also contributed implementation feedback, helping to identify barriers and opportunities for scaling up. Across the network, more than 1,000 individuals benefited from the project, and organisations collectively tested over 20 digital technologies. Evidence shows increased autonomy in daily routines, improved user engagement, fewer incidents related to safety or medication, and more efficient workflows for professionals. The results also highlight strong potential for replicability, supported by shared guidelines, training materials, and lessons learned. Overall, DIGISEM demonstrates that inclusive and ethical digitalisation can meaningfully improve the lives of people with mental health conditions while strengthening social care systems.
Funding Source	EU Funds: ESF+ ☐ INTERREG ☐ ERDF ☐ ERASMUS☐ RRF ☒ other ☐ ☒ National Government Funds (Ministry of Social Rights, Consumer Affairs and Agenda 2030, managed by the national government within the Recovery, Transformation and Resilience Plan (PRTR)). ☐ Regional Government Funds ☐ Local Government Funds ☐ Private Sponsorship / Public-Private Partnership ☐ Financial contribution of People using Services ☒ Other, please define: *Plan de Recuperación, Transformación y Resiliencia – Next Generation EU (Componente 22, Inversión 2)*
Links to supporting documents: *e.g. project website or report of the practice, articles*	https://digisem.redisem.es/
Comments and tips *i.e. for people willing to implement your Practice in their service*	It is recommended that service users are actively involved both in the piloting and in the implementation phases of the project, ensuring their participation in the co-design and evaluation processes. For any further information, clarifications, or inquiries, please contact Fundación Rey Ardid at the following email address: europa@reyardid.org .