



17th Year of Publication, No.2

December 2025

THE EFFECTIVENESS OF PSYCHOSOCIAL SERVICES IN ALBANIA

Uarda Kavaja, Era Demaj, Edvaldo Begotaraj*

*Albanian University

Abstract

In 2025, psychosocial services in Albania are undergoing a process of continuous development, driven by the growing needs of society and efforts to align with European standards of social welfare. These services play a fundamental role in supporting individuals facing emotional, psychological, and social difficulties; therefore, assessing their effectiveness is essential for designing sustainable and evidence-informed social policies. In this context, digitalisation represents an important opportunity to improve both access to and the quality of psychosocial services. Albania has made significant progress in the digitalisation of public administration and social services; however, the integration of digital components into psychosocial care provision remains fragmented and uneven

This study examines the effectiveness of psychosocial services at the national level, with a particular focus on access, quality, digitalisation, and the extent to which interventions respond to the needs of diverse social groups. The research draws on data collected from public institutions, non-governmental organisations, field experts, and case studies. The analysis assesses institutional capacities, staff professional preparedness, the adoption of digital technologies, and service users' perceptions regarding the impact and quality of the psychosocial support provided. The findings indicate moderate improvements in urban areas, particularly where online platforms have been implemented for counselling and psychosocial assistance, while substantial challenges persist in rural and marginalised communities. These challenges include limited access to technological resources, weak inter-institutional coordination, and social stigma associated with seeking help.

The recommendations highlight the need for a clear national strategy for the digitalisation of psychosocial services, stronger intersectoral collaboration, greater investment in professional education and supervision, and the strengthening of monitoring and evaluation mechanisms, including the use of digital tools. The study aims to contribute to the development of a more effective, inclusive, and context-sensitive service system, aligned with Albania's European integration process and the country's broader digital transformation agenda.

Keywords: *effectiveness, psychosocial services, Albania, digitalization, access, quality, vulnerable communities, social care, European integration*

Psychosocial services in Albania's digital era

The digital transformation of modern societies has significantly reshaped how psychosocial services

are delivered and accessed. In line with the priorities of European integration and public administration reform, Albania has undertaken major steps toward the digitalization of public services, including those relevant to social welfare and mental health-related service delivery. A key policy milestone has been the adoption of Albania's Digital Agenda 2022–2026, which sets national priorities for digital governance, service delivery innovation, and institutional strengthening (AKSHI, 2022). Since 2020, the e-Albania portal has joined a wide range of administrative procedures and public services into a centralized digital interface, significantly reducing the need for in-person interactions and bureaucratic paperwork. International assessments have noted that e-Albania has become the main access point for digital public services, with a large share of services available online and routed through the platform (World Bank, 2022). At the same time, broader evaluations of Albania's public administration emphasize that digitalization has progressed rapidly, but challenges stay in terms of service quality, equity of access, institutional coordination, and implementation capacity, especially across different regions and population groups (OECD/SIGMA, 2024).

However, despite the extensive digitalization of administrative and social procedures, the delivery of direct psychological interventions through formal public-sector channels has developed more slowly. In practice, online counselling and psychotherapy have expanded through private providers and non-governmental organizations, particularly following the COVID-19 period. This shift reflects global developments in telepsychology and tele-mental health, defined as the delivery of psychological services via telecommunication technologies, if standards for confidentiality, informed consent, competence, security, and ethical practice are ensured (American Psychological Association [APA], 2013). Digitalization has generated several tangible benefits for psychosocial service delivery. First, it has increased access for individuals living in remote rural areas or for those facing mobility and physical constraints, a benefit that is consistently highlighted in the global digital health and telemedicine literature (World Health Organization [WHO], 2010). Second, online provision may reduce stigma, as remote contact can create a stronger sense of privacy and perceived anonymity for service users (American Psychological Association [APA], 2013). Third, digital systems can enhance efficiency in case management and data storage through integrated electronic platforms and structured information systems, improving documentation and continuity of care (WHO, 2010; APA, 2013). In addition, the use of social media by NGOs to find and support adolescents and young people experiencing psychological difficulties, through community outreach and referral mechanisms, highlights the potential of digital technology for early intervention and community-based support. Initiatives implemented in partnership with civil society organizations, including Together for Life, illustrate how integrated and youth-oriented psychosocial services can be strengthened through coordinated community engagement (UNICEF Albania, 2025).

Despite Albania's meaningful progress in digitalization and the broader integration of technology within mental health and social support services, several fundamental barriers continue to hinder the full and high-quality implementation of this approach. Digital inequalities stay a critical obstacle, as a part of the population still lacks stable internet access and/or basic technological devices, which may exclude the most vulnerable individuals from essential support systems (INSTAT, 2023). At the same time, limited professional capacity stands for another weak link: many psychologists and social workers have not received specialized training for delivering online services and may not be adequately prepared to run following international standards for digital psychological practice. Evidence from implementation research in Albania and Kosovo further shows that organizational readiness and system-level conditions are key determinants for successful integration of internet-based psychological interventions (Doukani et al., 2021). These challenges are further compounded by the absence of clear and enforceable protocols for personal data protection, exposing service users to risks related to privacy breaches and compromised confidentiality. This occurs in the context of limited regulatory specificity addressing the nature, conditions, and professional responsibilities associated with online mental health and psychosocial services. Taking together, these gaps call for immediate institutional interventions to ensure fair, safe, and professionally delivered access to services for all citizens.

In the strategic policy framework “Albania 2030: the Digital Agenda,” the Albanian government sets out priorities aimed at strengthening information systems for health and social services, including the development of an electronic citizen health record and the interoperability of community-based structures through integrated digital platforms (AKSHI, 2022). Nevertheless, specific regulatory provisions addressing telepsychology and online professional ethics are still lacking, placing this emerging sector in a legal “grey zone.” Psychosocial services in digital Albania are currently undergoing a profound transformation, in which technology is increasingly becoming an essential tool for expanding access and improving the quality of emotional, social, and psychological support. In a reality where an increasing number of citizens seek help through online channels, particularly vulnerable groups such as children, young people, and older adults, there is an urgent need for clear regulations and trustworthy mechanisms that guarantee professionalism, ethical standards, and service safety. In this context, developing ethical and legal guidelines for digital psychosocial interventions stands for a necessary step for defining professional standards, responsibilities, and accountability.

At the same time, strengthening workforce competencies is crucial: targeted training for specialists in the use of secure platforms, privacy safeguards, and personal data protection is essential for keeping confidentiality and building service-user trust. These efforts should be accompanied by the development of dedicated Albanian-language applications that are user-friendly and culturally responsive, thereby bringing services closer to citizens and improving uptake. For such initiatives to be sustainable and to generate long-term impact, they should be integrated into national mental health policies through structured collaboration with universities, public institutions, and international organizations. Only through an inclusive and coordinated approach can Albania build a digital psychosocial service system that is fair, effective, and ethically grounded. Within the Albanian education system, psychosocial services are a core part of student well-being. The Quality Assessment Framework for School Psychosocial Services underscores the importance of a structured and standardized approach to evaluating the quality of these services (ASCAP, 2024). More broadly, psychosocial services in Albania are entering a new phase of development in which digital technology plays a key role. This process aims to improve the accessibility, quality, and effectiveness of emotional, social, and psychological support, particularly for sensitive groups such as children, adolescents, and older adults. In addition, the Strategy for the Development of Primary Health Care Services 2020–2025 highlights the need to integrate health and social services to respond more effectively to the individual needs of vulnerable persons and at-risk groups (Ministry of Health and Social Protection, 2020).

Contextual overview of psychosocial services in Albania

Psychosocial services in Albania have undergone substantial development since the early 1990s, following the collapse of the communist regime and the country’s transition toward a new social and economic system. Earlier provision was limited and centered on institutional, psychiatry-oriented care, with reduced availability of community-based psychosocial support. During the post-1990 period, reforms increasingly reflected international models of community mental health services and the establishment of new types of services and facilities, marking a gradual shift in policy and practice (Institute of Public Health, n.d.; Laor, 2017). After 2000, service provision expanded further, with increasing attention to vulnerable groups, particularly children, adolescents, and families facing social adversity. Psychosocial services began to integrate broader social support components such as poverty-related help, violence prevention and response, and mental health promotion through local and community-oriented structures. This evolution aligns with wider analyses of social service development in Albania following the transition period, highlighting the strengthening of welfare-oriented and locally anchored service models (Cacucci Editore, n.d.).

More recently, the digitalization of public services has opened new opportunities to enhance access to psychosocial and social support. The official e-Albania portal has centralized a wide range of govern-

ment services and provides a unified digital entry point, enabling citizens to access administrative and selected social service procedures remotely and more efficiently (e-Albania, n.d.). Digital tools also have the potential to reduce help-seeking barriers linked to stigma and geography, especially for individuals living in remote areas or those with mobility constraints. In parallel, online counselling and psychological interventions increasingly reflect global trends in telepsychology, which emphasize that psychological services delivered through technology must adhere to clearly defined ethical, confidentiality, and professional practice standards (American Psychological Association [APA], 2013). Although digitalization has brought considerable benefits, several barriers continue to limit the full implementation of digital psychosocial services. One of the most prominent challenges is the uneven availability of digital infrastructure in rural areas, where internet connectivity may be limited, unstable, or of poor quality, thereby restricting service accessibility and continuity of care. In addition, digital literacy remains a critical obstacle: population groups such as older adults and individuals with lower levels of formal education may face significant difficulties in navigating online platforms and digital applications, reducing their ability to receive help from technology-mediated support (Hepburn et al., 2025).

Beyond infrastructure and digital skills, privacy and data protection concerns stand for a major barrier to the uptake of online psychosocial services. Many individuals are still uncertain about the security of their personal information when using digital platforms for mental health support, particularly when services involve messaging applications, third-party platforms, or mobile apps. Such concerns are well documented in the literature on digital mental health, which highlights vulnerabilities related to confidentiality breaches, platform insecurity, and limited transparency in data processing practices (Lustgarten et al., 2020; Karcher & Presser, 2018).

Technology nevertheless plays a particularly important role in extending psychosocial support to vulnerable groups, especially those living in rural communities where in-person services are less available. Digital services can ease access to counselling and support without the need to travel long distances, potentially improving early help-seeking and reducing unmet needs. In parallel, the development of structured digital tools and evidence-based internet interventions has expanded opportunities for the management of common mental health concerns such as anxiety and depression, enabling more immediate and tailored support where appropriate (Doukani et al., 2021). Moreover, the possibility of consulting anonymously or semi-anonymously can be particularly valuable for individuals who may feel embarrassment, fear, or hesitation due to social stigma. Looking ahead, Albania has the potential to develop a sustainable and effective model of technology-enhanced psychosocial services. Achieving this goal will require stronger collaboration between public institutions and private actors, as well as investments in digital infrastructure to ensure fair access regardless of geographic location or socio-economic status. Equally important is continuous professional training to ensure that mental health specialists are prepared to deliver online services ethically, securely, and in alignment with international standards, including data protection and confidentiality requirements (Lustgarten et al., 2020).

Future perspectives on the integration of technology and online psychosocial services

The COVID-19 pandemic dramatically transformed the delivery of psychosocial services worldwide. In Albania, many psychosocial services that had traditionally been provided face-to-face shifted to online formats during lockdown periods. This rapid and necessary transition proved that even in contexts with limited infrastructure, it is possible to deliver high-quality psychosocial support through digital channels. During this period, a growing number of individuals sought professional help for concerns such as anxiety and depressive symptoms, and remote services enabled prompt communication with mental health professionals, supporting rapid access to help. International evidence confirms a substantial expansion in the uptake of telepsychology and remote mental health care during COVID-19, with high rates of use reported among both clinicians and service users (Ruggiero et al., 2024).

Technology can further provide immediate support for individuals experiencing psychological distress or emergency situations. For example, AI-supported mental health applications and digital tools have been developed to support users' emotional regulation and symptom management. Evidence from clinical research suggests that automated conversational agents delivering cognitive-behavioral techniques can reduce symptoms of anxiety and depression in young adults (Fitzpatrick et al., 2017). In addition, mindfulness-based mobile applications (including widely used platforms such as Headspace) have been evaluated in randomized and controlled research, with findings showing beneficial effects on stress reduction and psychological well-being (Yang et al., 2018; Zawadzki et al., 2025). More broadly, systematic evidence reviews highlight that digital mental health interventions can produce meaningful improvements in depression and anxiety outcomes under specific conditions, especially when interventions are structured and evidence-based (Huang et al., 2024).

Monitoring and evaluating the effectiveness of psychosocial services is essential to ensure that delivered interventions are of high quality and responsive to individuals' needs. Digital technology can support this process by enabling systematic data collection and outcome measurement. Digital platforms can provide efficient systems for supporting user records, documenting service use, and tracking progress over time, thereby easing feedback loops for service improvement and personalization. Evidence from the digital mental health field highlights the value of routine outcome monitoring and real-world data capture, often supported by mobile and web-based systems, strengthen service quality, improve intervention delivery, and support evidence-informed decision-making in clinical practice (Torous et al., 2020). One of the major challenges highlighted during the COVID-19 pandemic was ensuring adequate psychosocial support for vulnerable groups, including persons with disabilities, children, and older adults. Technology has expanded opportunities for these groups to access psychosocial services and communicate with professionals despite mobility constraints, social distancing measures, or limited local service availability. Tele-mental health and digitally supported psychosocial interventions have been increasingly used to promote continuity of care, reduce barriers to access, and improve the reach of mental health support during and beyond the pandemic period (Smith et al., 2020). Looking forward, Albania could develop a sustainable model of digital psychosocial services.

In Albania, psychosocial services began to institutionalize in a more structured manner from the 2010s onward, following the formalization of the roles of school psychologists and social workers within the pre-university education system. Ministerial Order No. 344/2013 issued by the Ministry of Education and Sports stood for a first milestone by setting up the mandatory inclusion of psychosocial services in Albanian schools (MASR, 2013). These services have later improved through later regulatory updates, including Order No. 343/2020, which introduced clearer criteria for the allocation of psychologists and social workers based on student population size (MASR, 2020). From 2021 to 2025, Albania took concrete steps toward integrating technology into the delivery of psychosocial services. Developments such as the implementation of digital health record systems and the gradual expansion of online counselling and social support mechanisms have contributed to improving service accessibility and perceived quality (Polifakt, 2025). In education settings, digital reporting tools have been especially valuable for rural communities and geographically underserved areas. Importantly, evidence from digital mental health research shows that the successful implementation of technology-enabled psychosocial services depends not only on digital tools but also on organizational readiness, intersectoral coordination, and professional training standards (Doukani et al., 2021).

In 2025, the Agency for Quality Assurance in Pre-University Education (ASCAP) published a structured method for evaluating the quality of school psychosocial services, including multi-informant questionnaires for students, teachers, and school leadership, alongside a standardized scoring system ranging from 1 to 4 (ASCAP, 2025). Preliminary evidence suggested that schools with greater levels of psychosocial activity and psychoeducational training initiatives reported higher levels of students' psychological well-being. One of the most significant achievements in 2025 was the presentation of an integrated service framework, developed collaboratively by the Ministry of Health and Social Pro-

tection and partners, aiming to strengthen comprehensive citizen-centered care, including psychosocial service provision at the community level. This framework highlights intersectoral collaboration by linking social workers, mental health professionals, and local government structures as part of a more coordinated approach to psychosocial support. Overall, Albania has made notable progress toward setting up a modern and increasingly digital psychosocial service system. Nevertheless, challenges are still significant barriers to fair and effective implementation.

Artificial intelligence in psychosocial service delivery

Artificial intelligence (AI) has increasingly entered multiple domains of psychosocial service delivery worldwide, including emerging contexts such as Albania. AI technologies have the potential to transform how psychosocial support is delivered by enabling real-time aid through applications and digital platforms. Many systems rely on algorithmic decision-making to detect users' needs, provide tailored recommendations, and help interactive support. In the mental health field, this has contributed to the growth of conversational agents (chatbots) that deliver structured guidance, psychoeducation, and cognitive-behavioral techniques, often without requiring immediate face-to-face contact with a clinician. Such tools may be especially relevant for individuals experiencing barriers to traditional help-seeking, including stigma, limited-service availability, or geographic distance (Casu et al., 2024). One of the most prominent applications of AI in psychosocial care is the use of conversational agents in psychotherapy-oriented support, particularly for anxiety and depression symptoms. For example, the fully automated chatbot Woebot, designed to deliver CBT-based strategies, has been evaluated in a randomized controlled trial and proved reductions in symptoms of depression and anxiety among young adults. These findings suggest that AI-supported interventions may offer scalable and low-threshold support options, particularly as early-stage or adjunctive interventions (Fitzpatrick et al., 2017). Evidence syntheses further show that mental health chatbots are increasingly used for psychoeducation, coping strategies, self-monitoring, and symptom management, while their benefits and limitations depend on design quality, clinical grounding, and implementation safeguards (Laymouna et al., 2024).

Despite these opportunities, significant ethical and safety concerns go with the expansion of AI in psychosocial services. A primary issue is the protection and governance of highly sensitive mental health data, as digital mental health tools may carry risks of privacy breaches, unclear data usage practices, and inadequate transparency about storage and processing. Moreover, although chatbots and digital agents may help users manage symptoms and practice coping skills, they cannot replace comprehensive clinical assessment, therapeutic alliance, or human professional judgement, particularly in complex cases, emergencies, and high-risk situations. Ethical questions therefore arise about proper boundaries, informed consent, risk management, and the conditions under which referral to licensed professionals become essential. Privacy and ethical concerns in digital mental health are widely discussed in scientific literature, including practical recommendations for safe technology use (Lustgarten & Elhai, 2020). In addition, research on social and emotionally responsive AI companions (e.g., Replika) has highlighted potential harms, including emotional dependency and mental health risks associated with intensive engagement in human–chatbot relationships. Qualitative research suggests that some users develop strong emotional attachment patterns to these systems, raising concerns about autonomy, vulnerability, and psychological safety in prolonged use (Skjuve et al., 2021; Laestadius et al., 2024). More broadly, AI-enabled platforms may support the development of users' self-regulation skills, stress management strategies, and emotional coping through guided exercises, psychoeducational content, and structured self-help protocols. When designed according to evidence-based principles and embedded within ethical and clinical standards, such tools may contribute to expanding access and improving continuity of psychosocial support.

The COVID-19 pandemic dramatically reshaped psychosocial service delivery worldwide. In Alba-

nia, many services that had traditionally been delivered face-to-face transitioned to online formats during lockdown periods. This rapid and necessary shift showed that even in settings with constrained infrastructure, high-quality support can be delivered through digital channels. As mental health needs increased, particularly for anxiety, depressive symptoms, and stress-related concerns, online services enabled prompt contact with professionals and eased access to immediate support. International evidence confirms the substantial expansion of telepsychology and remote mental health care during COVID-19, highlighting its role in keeping continuity of care and expanding access under crisis conditions (Ruggiero et al., 2024).

Digital technology, including AI-supported applications and online platforms, may also provide rapid support for individuals experiencing psychological distress. Tools such as conversational agents can deliver structured psychoeducation and cognitive-behavioral strategies, contributing to symptom management and emotional regulation. Clinical evidence shows that automated CBT-oriented chatbots can reduce depressive and anxiety symptoms in young adults (Fitzpatrick et al., 2017). In addition, mindfulness-based mobile interventions have been evaluated in randomized controlled research, showing beneficial effects on stress reduction and psychological well-being (Zawadzki et al., 2025). At the same time, evidence syntheses caution that although such applications show promise, their effectiveness varies and requires rigorous evaluation, with attention to bias and conflicts of interest in the app evidence base (O’Daffer et al., 2022).

In the future, AI is likely to play an increasingly important role in psychosocial service delivery in Albania, particularly for low-threshold support, early intervention, and triage functions. However, it will be essential to develop clear policies and regulatory standards governing the use of these technologies, ensuring robust data protection, transparency, and ethical safeguards. Scholarly work consistently highlights that AI in mental healthcare raises critical challenges related to privacy, bias, accountability, and the need for human oversight, particularly when interventions are delivered at scale (Lee et al., 2021; Lustgarten & Elhai, 2020). Young people in Albania represent a substantial segment of the population and are highly connected to technology, which creates opportunities for the development of psychosocial skills and improved stress and emotion regulation. Digital mental health tools can support young people in building adaptive coping habits, promoting self-care, and increasing access to support without the immediate pressure of face-to-face disclosure. Importantly, technology-mediated support may reduce perceived barriers linked to stigma, particularly when users can engage privately or anonymously with mental health resources (Hannah et al., 2025).

However, the use of technology among young people can also generate important challenges. Limited digital literacy, uncertainty about the use of online platforms, and potential financial constraints may prevent young users from fully receiving help from these opportunities. These barriers reflect wider evidence showing that digital mental health interventions may unintentionally amplify inequalities when access, affordability, and digital skills are unevenly distributed (Piers et al., 2023). Moreover, online psychosocial support may have limited utility in cases of severe mental health disorders. While technology-mediated interventions can be beneficial for mild to moderate symptoms complex and high-risk presentations require comprehensive clinical assessment and ongoing support delivered by qualified professionals. For this reason, stepped-care frameworks have gained increasing attention, proposing that digital interventions may serve as low-intensity entry points and that individuals should be “stepped up” to more intensive specialist care when clinically shown (Jeitani et al., 2024). For young people in Albania, promoting psychosocial skills through technology stands for a meaningful opportunity to develop adaptive coping strategies and sustainable mental health habits that can support well-being across the lifespan. To achieve this, it is essential to design youth-friendly platforms and applications that are easy to use, culturally sensitive, and capable of enabling peer support and community engagement in a structured and safe manner. Evidence reviews on youth digital mental health interventions highlight that accessibility, usability, and contextual adaptation are key determinants of acceptability and effectiveness, particularly in resource-constrained settings

(Lehtimäki et al., 2021).

Over the last decade, Albania has also implemented important reforms aimed at strengthening psychosocial services, particularly within the education and health systems. With the acceleration of digitalization and growing public awareness of mental health, psychosocial support is increasingly positioned as an integral part of broader social protection and educational frameworks.

Development of psychosocial services in pre-university education

Psychosocial services in Albanian pre-university educational institutions were formally introduced for the first time through Order No. 344/2013 issued by the Ministry of Education and Sports, which showed the structure and operational framework of these services within schools (Ministry of Education and Sports, 2013). In 2018 and later in 2020, this order was amended to enhance effectiveness and better align service delivery with the evolving needs of the school community (Ministry of Education and Sports, 2018, 2020). According to data from the 2018/2019 school year, 577 school psychologists and social workers were employed in Albanian schools (Ministry of Education and Sports, 2019). Policy updates also introduced staffing criteria: schools with more than 700 students had to employ two psychologists or social workers, while smaller schools with fewer than 500 students were expected to share one professional across institution (Ministry of Education and Sports, 2020). In parallel, the Primary Health Care Development Strategy 2020–2025 includes the integration of psychosocial services into primary care, encompassing psychological care and physical rehabilitation, with the aim of ensuring a comprehensive approach to managing chronic conditions and improving patient well-being (Ministry of Health and Social Protection, 2020).

Methodology

The aim of this study is to examine the effectiveness of psychosocial services in Albania in 2025, within a context of digital transformation and increasing public awareness of mental and social well-being. At a time when access to professional support is changing substantially due to technological developments and emerging social challenges, the study seeks to understand how accessible, useful, and perceived as necessary these services are among citizens. Particular attention is given to vulnerable groups and communities facing structural, social, or technological barriers. By combining survey data with internationally validated instruments, the study aims to provide a clear, evidence-based overview of how psychosocial services have evolved and how they are perceived and experienced within Albanian society during this new phase of institutional and technological transition (Andersson & Titov, 2014; Mohr et al., 2013; World Health Organization, 2021). This study builds on the need to gain a deeper understanding of how Albanian citizens perceive psychosocial services in 2025, within a social reality in which technology, institutional transformations, and rising public awareness are reshaping approaches to mental and social well-being. The research question examines how citizens experience existence, accessibility, effectiveness, and quality of psychosocial services, and to what extent they feel supported by these services in their everyday lives. In this context, the study also proposes several working hypotheses to structure the analysis. First, it is hypothesized that citizens living in urban areas will hold more positive feelings of psychosocial services compared to those living in rural settings, where infrastructure, service availability, and social acceptability of help-seeking tend to be more limited (Smalley et al., 2010). Second, it is expected that the higher an individual's perceived social support, the more positive their evaluation of psychosocial services within the community, given the well-established link between social support, psychological adjustment, and engagement with care (Thoits, 2011). These research directions not only contribute to clarifying the current national picture but also provide an evidence-based foundation for improving social policies and guiding future interventions in the field of mental health in Albania (Patel et al., 2018).

The study adopts a descriptive quantitative research design, aiming to provide a broad overview of Albanian citizens' beliefs, knowledge, and experiences about psychosocial services in 2025. This methodological approach was selected to systematically assess the dissemination of information, the degree of access, and attitudes toward existing services within a context characterized by technological and institutional change (Creswell & Creswell, 2018). Data was collected through a structured survey and using the standardized Social Support Questionnaire (SSQ), which enables the assessment of perceived social support (Sarason et al., 1983). Given its descriptive nature, the present study does not primarily seek to test hypotheses; rather, it aims to find trends and gaps related to the effectiveness of psychosocial interventions and to the role of technology in improving access to and the quality of these services (Groves et al., 2009). A total of thirty Albanian citizens ($N = 30$) took part in the study. Data were analyzed using IBM SPSS 10. Descriptive statistics (frequencies and percentages) were used to summarize the demographic characteristics of the sample and responses related to psychosocial services. For the Social Support Questionnaire (SSQ), mean scores were calculated for the three subscales (appraisal, belonging, and tangible support). Internal consistency reliability of the SSQ was examined using Cronbach's alpha. Given the small sample size ($N = 30$) and the ordinal nature of several variables, non-parametric analyses were preferred. Specifically, Spearman's rank-order correlations were conducted to examine associations between perceived social support (SSQ total and/or subscale scores) and key service-related perceptions, including perceived accessibility and perceived institutional support. In addition, Mann–Whitney U tests were performed to compare SSQ scores between participants who reported having benefited from psychosocial services and those who had not. Statistical significance was set at $p < .05$. Effect sizes were also reported, using correlation coefficients (ρ) for Spearman analyses and $r (Z/\sqrt{N})$ for group comparisons.

Participants were randomly selected from different geographical areas of the country as well as from the Albanian diaspora to capture a diverse range of experiences and perceptions related to psychosocial services. The sample included respondents from Albanian cities such as Tirana, Vlora, Shkodra, Tropoja, Korça, and Tepelena, and individuals living internationally in settings such as Vienna and Frankfurt, thereby extending the perspective beyond the local context. Gender representation was dominated by women (80%), while men represented 20% of the sample. This distribution may reflect greater engagement of women with topics related to social and emotional well-being and/or a higher willingness to take part in research of this nature (Hunt et al., 2017). In terms of age, half of respondents (46.7%) belonged to the 18–30 age group, suggesting strong participation of young adults in discussions and concerns related to mental health and psychosocial support services. The 31–50 and >50 age groups were represented by 16.7% and 6.7%, respectively, while a small proportion of participants were 18 years old. Overall, this distribution offers an informative snapshot of intergenerational perspectives on psychosocial services and supports the identification of groups that may require particular attention in policymaking and in the delivery of specialized services.

Two main instruments were used for data collection and were combined to provide as comprehensive an understanding as possible of citizens' perceptions of psychosocial services in Albania. First, a structured survey was developed and administered, including direct closed-ended questions addressing participants' knowledge, attitudes, experiences, and perceptions about the existence of psychosocial services, access to them, perceived need, and barriers encountered. This survey aimed to highlight not only the level of awareness and information among citizens, but also their practical engagement with these services within their communities (Dillman et al., 2014). Second, the Social Support Questionnaire (SSQ) was employed as an internationally recognized instrument to assess perceived social support (Sarason et al., 1983). The SSQ was selected due to its well-established validity and contributed to evaluating the quality of individuals' social networks and the potential influence these networks may have on their relationship with psychosocial services. The data collection procedure was carefully designed and implemented to ensure methodological clarity, broad participation, and adherence to ethical standards in research. All participants were informed in advance that their participation was voluntary and anonymous, and that the collected information would be used exclusively for research purposes, with no identifying or punitive implications. Data were collected

through a structured questionnaire including both general demographic items and specific questions about perceptions, access, experiences, and trust in psychosocial services in Albania. Completion time was brief (3–5 minutes on average), making the instrument easy to complete and accessible to a wide range of individuals regardless of age, educational level, or prior experience with research tools (Dillman et al., 2014). To maximize reach and reflect the diversity of geographic and social contexts, a combined strategy was used to distribute the questionnaire through both online channels and in-person field contact. Online, the survey was issued via social media, communication platforms (e.g., WhatsApp, Facebook, and email), and community groups focused on mental health and social well-being, aiming to engage individuals living in large cities or those with good access to digital technology. In parallel, the survey was administered in person in selected communities in cities such as Tirana, Vlora, and Shkodra, as well as in more peripheral areas. This approach aimed to include individuals who may not have regular internet access or who do not routinely use digital tools in everyday life (Groves et al., 2009). Ethics constitutes a fundamental part of any research process involving human data, particularly when the study focuses on sensitive issues such as psychological well-being and social support. In the present study, core principles of research ethics were fully respected, with particular emphasis on anonymity, confidentiality, and voluntariness. Participants were clearly informed about the nature and purpose of the study, that participation was entirely voluntary, and that they had the right to withdraw at any time without any consequences or obligations. The survey was conducted anonymously, with no collection of identifying information, ensuring that no personal data would be processed or stored during or after the data collection phase. Furthermore, the collected data was used exclusively for research purposes and scientific analysis, by the stated aims of the study. No verbal or written authorization was asked, as the questionnaire did not include clinical interventions or highly sensitive content; therefore, completion of the survey was considered as implicit consent. Through this approach, the study was conducted following international ethical guidelines for research involving humans, including the Declaration of Helsinki and European frameworks for research ethics in the social sciences, thus ensuring maximal protection of participants' dignity and rights (World Medical Association, 2013; European Commission, 2018).

Data analysis was conducted using descriptive statistical methods, aiming to provide a clear and structured overview of response distributions and the main trends appearing from the collected data. For the items included in the structured survey, responses were processed primarily as percentages, allowing a direct interpretation of participants' levels of knowledge, attitudes, and experiences about psychosocial services (Groves et al., 2009). About the Social Support Questionnaire (SSQ), data were analyzed following the instrument's standard guidelines, including reverse scoring for negatively worded items to keep measurement consistency of perceived social support (DeVellis, 2017). SSQ responses were then organized and examined across the three instrument subscales: appraisal support, referring to the perceived availability of advice and emotional reassurance; belonging support, reflecting shared time and activities with others; and tangible support, referring to concrete and practical help. For each subscale, the distribution of responses was analyzed, and results were interpreted in relation to participants' perceived levels of social support and their experiences with psychosocial services (Cohen & Wills, 1985).

Results

This section presents the data collected in the study, aiming to provide a clear and structured overview of participants' characteristics and their attitudes toward psychosocial services in Albania. The analysis includes key demographic dimensions such as gender, age, and geographic background, as well as an assessment of respondents' knowledge, experiences, and perceptions related to psychosocial services. Emphasis is placed on the measurement of perceived social support, operationalized through the standardized Social Support Questionnaire (SSQ), which offers deeper insight into individuals' emotional and practical support networks (Sarason et al., 1983). The presented findings aim to shed

light on citizens' current engagement with psychosocial services, perceptions of their effectiveness, and the perceived need for further improvements in service provision and accessibility. Results are complemented with tables and graphs to facilitate interpretation and support further scientific discussion (Creswell & Creswell, 2018). Below, the descriptive percentages of the sample's gender distribution and age-group composition are reported.

Table 1. Gender and Age Distribution of the Sample

Category	Number (n)	Percentage (%)
Female	24	80.0
Male	6	20.0
Age 18–30 years	14	46.7
Age 31–45 years	10	33.3
Age 46+ years	6	20.0

In the table below, the geographic distribution of the sample is presented.

Table 2. Geographic Distribution of the Sample

City	Number of Participants
Tirana	10
Vienna	6
Vlorë	5
Shkodër	4
Tropojë	3
Other	2

Below are the data collected about psychosocial services.

Table 3. Responses Regarding Psychosocial Services

Question	Yes (%)	No (%)
Have you ever heard of psychosocial services?	90	10
Have you ever benefited from these services?	30	70
Do you believe these services are useful?	85	15
Would you recommend them to others?	88	12

Below are the scores for the mean and standard deviation for the SSQ questionnaire.

Table 4. SSQ Results (Mean and Standard Deviation)

Subscale	Mean (M)	Standard Deviation (SD)
Appraisal Support	3.8	0.7
Belonging Support	4.1	0.5
Tangible Support	3.5	0.9

Based on the data collected and summarized in the four corresponding tables, a meaningful and comprehensive picture appears around citizens’ perceptions and experiences with psychosocial services in Albania, as well as within the broader diaspora context (including cities such as Vienna). The sample of 30 participants consisted of women (80%), while men represented 20% of the total, a distribution suggesting that women are more engaged or more willing to contribute to research of this kind. In terms of age distribution, the 18–30 age group accounted for the largest proportion of participants (46.7%), followed by the 31–45 age group (33.3%) and those aged over 46 years (20%). This shows greater attention and, potentially, higher awareness among younger individuals and young adults, who are also more frequent users of newer forms of psychosocial interventions.

Graphical Summary of the Study Results

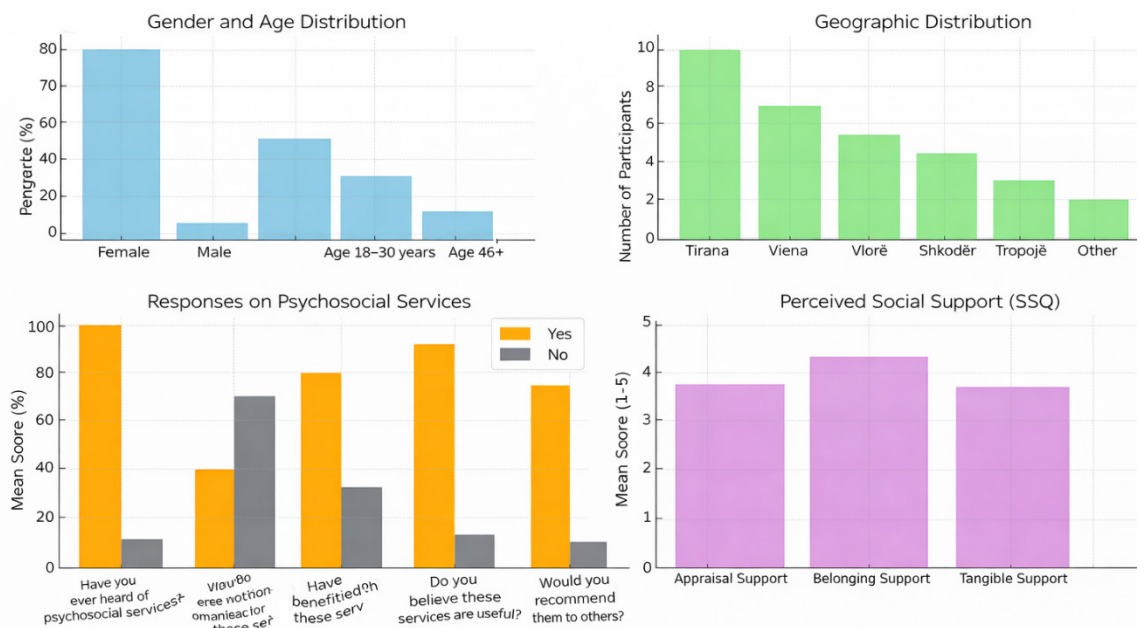


Figure 1. Visual summary of the sample characteristics and perceptions of psychosocial services in Albania (2025). The figure presents the gender and age distribution of the sample, the geographic distribution of participants, responses regarding psychosocial services, and mean SSQ subscale scores (appraisal, belonging, and tangible support).

In geographical terms, participants were distributed across several cities in Albania and abroad, with the largest representation from Tirana (33.3%), followed by Vlora (16.7%), Shkodra and Tropoja, and several other less represented areas. This distribution suggests a diverse and reasonably representative interest from urban and semi-urban settings, as well as the inclusion of the Albanian diaspora in shaping perceptions of Albanian psychosocial services.

Survey results showed a high level of awareness: 90% of respondents had heard of psychosocial

services, reflecting good dissemination of information. However, only 30% had received help from these services, highlighting a gap between theoretical awareness and practical engagement, due to access barriers, limited trust, or the uneven availability of services in certain areas. Despite this, 85% of respondents considered these services useful, and 88% said they would recommend them to others, which stands for a positive indicator of public perception and the potential for further development of such interventions.

The assessment of perceived social support, measured through the SSQ instrument, showed consistent results across three subscales. The “Belonging Support” subscale yielded the highest score, with a mean of 4.1 (on a 1–5 scale), suggesting that participants feel included and supported within their social relationships. Appraisal support showed a mean score of 3.8, while tangible support was rated lower ($M = 3.5$), which may show the need for more concrete interventions and practical support at community or institutional levels

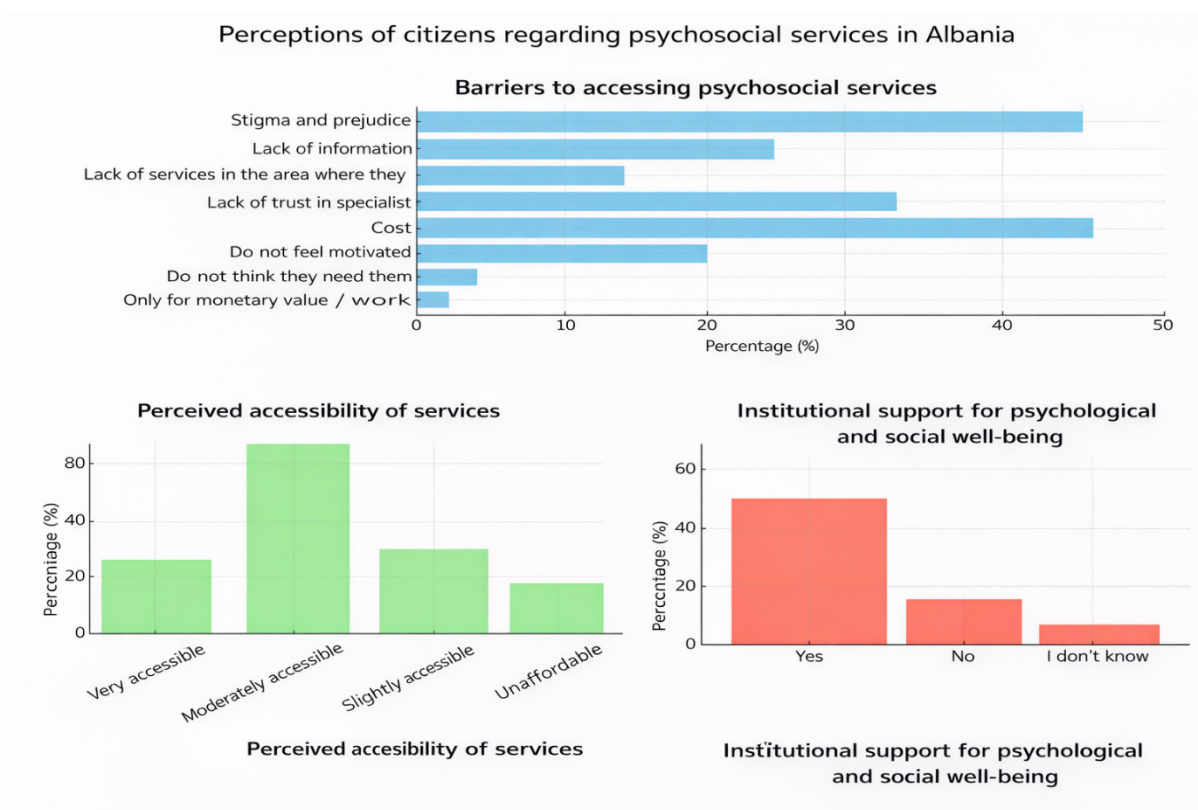


Figure 2. Citizens’ perceptions of barriers, accessibility, and institutional support related to psychosocial services in Albania.

To provide a clearer representation of citizens’ perceptions regarding access to and barriers associated with the use of psychosocial services in Albania, this summary chart was developed by integrating key data obtained from three important survey questions. The chart synthesizes information on the most frequently reported obstacles to seeking support from a psychologist or psychosocial service, the level of accessibility perceived by citizens, and their evaluation of institutional support for mental and social well-being. The chart illustrates that while a segment of the population perceives access as limited and institutional support as insufficient, the main barriers are linked to lack of information, stigma, cost, and low trust in specialists.

Table 5. Social Support Questionnaire (SSQ): percentage data from the perceived social support questionnaire.

No.	Item	Completely untrue	Almost untrue	Almost true	Completely true
1	If I wanted to go on a one-day trip (e.g., to the countryside or the mountains), I would find it difficult to find someone to accompany me.	40% (n=12)	30% (n=9)	20% (n=6)	10% (n=3)
2	It seems to me that I have no one with whom I can share my deepest worries or fears.	36.7% (n=11)	23.3% (n=7)	23.3% (n=7)	16.7% (n=5)
3	If I were sick, I would easily find someone to help me with daily tasks.	10% (n=3)	30% (n=9)	33.3% (n=10)	26.7% (n=8)
4	I have someone I can turn to for advice regarding family problems.	20% (n=6)	10% (n=3)	23.3% (n=7)	46.7% (n=14)
5	If one afternoon I decided that I want to go to the cinema that evening, I would easily find someone to accompany me.	6.7% (n=2)	26.7% (n=8)	36.7% (n=11)	30% (n=9)
6	When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	10% (n=3)	10% (n=3)	23.3% (n=7)	56.7% (n=17)
7	I am not often invited to take part in activities with others.	13.3% (n=4)	43.3% (n=13)	30% (n=9)	13.3% (n=4)
8	If I had to leave the city for a few weeks, I would find it difficult to find someone to take care of my home or pets.	43.3% (n=13)	16.7% (n=5)	20% (n=6)	20% (n=6)
9	If I wanted to have lunch with someone, I would easily find a person to join me.	3.3% (n=1)	13.3% (n=4)	33.3% (n=10)	50% (n=15)
10	If I were stranded 10 miles away from home with no way to return, I would have someone I could call to help me.	6.7% (n=2)	3.3% (n=1)	40% (n=12)	50% (n=15)
11	If I faced a serious crisis, I would find it difficult to find someone who could give me good advice.	26.7% (n=8)	30% (n=9)	30% (n=9)	13.3% (n=4)
12	If I needed help moving into a new house or apartment, I would find it difficult to find someone to help me.	23.3% (n=7)	20% (n=6)	40% (n=12)	16.7% (n=5)

The SSQ questionnaire results reveal a complex picture of perceived social support among participants. While some individuals reported good access to practical and emotional help, a considerable proportion experience difficulties in securing support in certain situations, particularly during crises or in contexts of social isolation. The collected data also provide a clear overview of Albanian citizens' experiences and perceptions about psychosocial services. Although a significant share of participants found lack of information and cost as major barriers, the findings further show varying levels of access to services and differing degrees of trust in institutions. Moreover, evaluations of perceived social support reflect both positive dimensions of help and notable gaps in social connectedness.

Further analysis

Association Between Awareness of Psychosocial Services and Service Utilization (N = 30)

	Used services: Yes	Used services: No	Total
Heard about services: Yes	9	18	27
Heard about services: No	0	3	3
Total	9	21	30

Note. Frequencies are presented as counts. Due to small expected cell counts, Fisher’s Exact Test is recommended to evaluate the association between awareness and service utilization.

Table 6. Association between awareness of psychosocial services and service use. Fisher’s Exact Test (two-sided): $p = .534$.

To extend the descriptive findings, an added analysis examined whether awareness of psychosocial services was associated with actual service use. A 2×2 contingency table was constructed using the available aggregated data. Specifically, 27 participants (90%) reported having heard about psychosocial services, while 9 participants (30%) reported having received help from such services. Consistent with the logical assumption that service use is unlikely without awareness, all service users were included in the “heard about services” group. The resulting table showed that 9 of the 27 participants who were aware of psychosocial services reported having used them (33.3%), while none of the participants who had heard about psychosocial services reported service use (0%). Given the small sample size and the presence of low expected cell frequencies, Fisher’s Exact Test was considered the most proper method to examine this association. Overall, these results suggest that awareness stands for a necessary precondition for service uptake, highlighting the importance of systematic dissemination of information, mental health literacy initiatives, and community-based communication strategies to improve use rates.

Indicator	n / N	%	95% CI (Wilson)
Heard about psychosocial services	27/30	90.0%	74.4% – 96.5%
Benefited from psychosocial services	9/30	30.0%	16.7% – 47.9%
Consider services useful	26/30	86.7%	70.3% – 94.7%
Would recommend services to others	26/30	86.7%	70.3% – 94.7%

Table 7. Key Proportions with 95% confidence intervals

To strengthen the interpretation of the descriptive findings, added proportion-based analyses were conducted. First, 95% confidence intervals (Wilson method) were calculated for key indicators. Awareness of psychosocial services was high (27/30, 90.0%; 95% CI [74.4%, 96.5%]), while actual use was lower (9/30, 30.0%; 95% CI [16.7%, 47.9%]). Perceived usefulness (26/30, 86.7%; 95% CI [70.3%, 94.7%]) and willingness to recommend services (26/30, 86.7%; 95% CI [70.3%, 94.7%])

were also consistently high. In addition, exact binomial tests were conducted to compare these proportions against a neutral reference value of 50%. Results showed that awareness was significantly higher than 50% ($p < .001$), and both perceived usefulness and willingness to recommend services were also significantly above 50% ($ps < .001$). Conversely, the proportion of participants who had received help from psychosocial services was significantly lower than 50% ($p = .043$), highlighting a gap between public awareness/positive attitudes and actual service uptake.

Table 8. Effect Size Estimates for Key 2x2 Comparisons (N = 30)

Comparison (2x2 table)	Outcome proportion (Group 1)	Outcome proportion (Group 2)	Risk Difference (RD)	Risk Ratio (RR)	Odds Ratio (OR)
Location x Awareness (Tirana vs Other)	9/10 = 0.90	18/20 = 0.90	0.00	1.00	1.00
Awareness x Service use (Heard vs Not heard)	9/27 = 0.33	0/3 = 0.00	+0.33	∞	∞
Awareness x Service use (corrected)	9.5/28 = 0.34	0.5/4 = 0.13	+0.21	2.71	3.59

Table 8. Effect size estimates. Note. RD = difference in proportions (Group 1 – Group 2). RR = risk ratio. OR = odds ratio. For the Awareness x Service Use comparison, uncorrected RR and OR are infinite due to a zero-cell count. Corrected RR and OR were estimated using the Haldane–Anscombe correction.

Table 8 presents effect size estimates for the main 2x2 comparisons included in the other analysis. For the comparison between Tirana and other locations in terms of awareness of psychosocial services, the results show no practical difference between groups: both show the same awareness rate (90%), with a Risk Difference (RD) = 0.00, Risk Ratio (RR) = 1.00, and Odds Ratio (OR) = 1.00. In contrast, the comparison between awareness and service use shows a meaningful difference. Participants who had heard about psychosocial services reported higher service use (33.3%) than those who had not (0%), yielding RD = +0.33, while RR and OR are infinite due to the presence of a zero cell. Therefore, corrected estimates using the Haldane–Anscombe correction are also reported, suggesting that aware participants were 2.7 times more likely to report using services (corrected RR \approx 2.71) and had higher odds of use (corrected OR \approx 3.59). The table highlights that geographic location was not associated with awareness in this sample, while awareness showed a substantial practical association with service uptake.

Discussion

The main outcome of this study is that psychosocial services are perceived as valuable and beneficial, but their effectiveness is limited by structural barriers, especially unequal access (urban vs. rural), limited resources/staff capacity, and weak digitalization, which together reduce service reach and continuity. The SSQ results showed a moderate availability of social support (SSQ-N), while satisfaction with the support received (SSQ-S) was comparatively higher, suggesting that participants’ support networks were not extensive but were perceived as meaningful and adequate. In recent years, and especially after the COVID-19 pandemic, psychosocial services in Albania have entered an important transitional phase, shifting from traditional modes of support delivery to digital and online platforms. This transformation has changed how Albanian citizens access professional support in the form of counselling and therapy sessions, starting at least, from the beginning of the century. Faced with iso-

lation and physical restrictions, many individuals sought help through virtual platforms, highlighting their potential to provide prompt and effective support even when infrastructure is limited. Despite these benefits, literature consistently emphasizes persistent inequalities in access to digital devices, internet connectivity, and digital literacy. Individuals living in rural areas and those with lower digital competencies (including older adults) are more likely to experience difficulties in using technology and accessing online support (INSTAT, 2023; van Dijk, 2006). Moreover, the absence of clear and standardized frameworks for privacy protection and ethical practice in online psychological services can create uncertainty and perceived risk for both professionals and service users, reinforcing the need for clearer regulation and guidance for telepsychology (Barnett & Kolmes, 2016). The literature also highlights gaps in structured professional training and the urgent need to develop safety, confidentiality, and ethical protocols for telepsychology (Barnett & Kolmes, 2016).

Internationally, the use of technology in psychosocial services has expanded through the development of applications such as Headspace, Woebot, and Replika, many of which employ artificial intelligence to provide personalized strategies for stress management and emotional support. Research suggests that digital mental health interventions can contribute to the reduction of anxiety and depressive symptoms, particularly in mild to moderate cases, although they cannot replace professional intervention in severe or complex clinical conditions (Andersson & Titov, 2014).

A critical part of the discussion concerns ethics and safety in the use of artificial intelligence for mental health. Issues related to data privacy, the limits of non-human interventions, and the accuracy and transparency of algorithms require clear regulations and protective frameworks for users. These concerns are particularly relevant in a context such as Albania, where institutional trust and technological literacy are still developing and where unequal access to digital resources is still a structural challenge (INSTAT, 2023; van Dijk, 2006). Young people constitute a key group for early intervention and sustainable psychosocial development. Technology can offer practical tools for emotional education, self-monitoring, and stress management; however, challenges such as limited access, digital inequalities, and the lack of adequate professional training require long-term public policies focused on equity and digital education. Importantly, if digital platforms are culturally adapted and available in the local language, they may contribute to more meaningful engagement and improved mental well-being among adolescents and young adults. Nevertheless, international guidance emphasizes that AI-based tools should be implemented with strong safeguards, including accountability, privacy-by-design, and ethical oversight to minimize risks and ensure responsible use in mental health contexts (World Health Organization, 2021).

About the findings from the conducted survey, the results clearly show a growing level of awareness, but also significant gaps in knowledge and the actual use of psychosocial services in Albania. Most respondents (90%) consider these services necessary for citizens; however, only half of them (50%) report being informed about the existence of such services in the community where they live. This reinforces the challenge of limited information, which was found by 43.3% of participants to be one of the main barriers to seeking psychosocial services. In addition, 50% of respondents believe that people do not seek help because they do not perceive themselves as being in need, reflecting insufficient awareness of mental health needs and the importance of early support. About access to these services, only 13.3% consider them very accessible, while 33.3% perceive them as only slightly accessible and 26.7% report having no information at all. At the same time, participants proved concrete awareness of the professionals involved in psychosocial services: 93.3% mentioned psychologists and 66.7% found social workers, while far fewer respondents recognized other relevant figures such as family doctors or teachers. A particularly important part of the survey concerns perceived social support. For instance, 36.7% of participants reported feeling as though they have no one with whom they can share their deepest worries, and 40% said that they would find it difficult to find someone who could go with them on a one-day trip. Finally, a meaningful issue concerns the low level of perceived institutional

support: only 16.7% of respondents believe that Albanian institutions sufficiently support citizens' psychological and social well-being.

Conclusion

The review of the literature on psychosocial services in digital Albania in 2025 highlights a significant transformation in the way psychosocial support is delivered and perceived in the country. The shift from traditional forms of service provision to digital platforms has paved the way for a more flexible and accessible model of psychological and social support, particularly in emergency situations such as the COVID-19 pandemic. Nevertheless, this progress is accompanied by substantial challenges, including the lack of professional training, legal and ethical gaps, and persistent digital inequalities that disproportionately affect marginalized groups. The integration of technology and online services has proved the potential to enhance the quality of interventions, especially using applications and platforms that enable rapid support, progress monitoring, and personalized aid. Artificial intelligence, as part of this development, offers new opportunities for stress management and self-help; however, it also requires clear regulatory frameworks to ensure safety, privacy, and ethical standards when applied in the field of mental health.

About young people, technology offers opportunities for the development of psychosocial skills and early intervention; however, it requires institutional support, digital education, and equal access to be effective. The survey findings show increasing awareness of the importance of psychosocial services yet also reveal a lack of information and limited support at both community and institutional levels. From a theoretical perspective, this study contributes to expanding the understanding of how technology can be integrated into psychological support provision, offering a potential model for countries with similar developmental contexts. It also stimulates discussion around a new interdisciplinary approach in which technology, ethics, and psychology interact to promote sustainable social well-being. From a practical standpoint, these findings may serve as a starting point for policy development that integrates technology as a tool for delivering psychosocial services, with increased attention to marginalized groups. In order to strengthen service provision, the results highlight a clear need for continuous professional training, as well as for the establishment of monitoring systems addressing ethical standards and data protection. In conclusion, only an integrated approach that combines technology with social inclusion, education, and institutional support can effectively contribute to building a functional, inclusive, and sustainable psychosocial system in Albania.

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