

Comparative Review of Digital Mental Health Platforms in Africa: Insights from FriendnPal and Other Models of Care

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ABSTRACT

This paper provides a comparative review of digital mental health platforms in Africa, highlighting their role in addressing the continent's significant mental health treatment gaps and workforce shortages. The analysis focuses on five key platforms: FriendnPal (Nigeria), Shezlong (Egypt), Wazi (Kenya), Vimbo Health (South Africa), and Wysa (Global). Through a qualitative review of each platform's model of care, we find that these tools are not in direct competition but rather act as complementary solutions that collectively advance mental health access. The platforms leverage diverse strategies, including Hybrid Models, Community centred outreaches, AI-powered chatbots, text-based counseling, and video therapy, to deliver culturally and linguistically adapted support. Our findings suggest that the future of digital mental health in Africa is a collaborative ecosystem of solutions rooted in community engagement and ethical, context-specific innovation.

Keywords: Digital mental health, Africa, Digital health, mHealth, Telehealth.

INTRODUCTION

Africa is confronted with an acute mental health crisis, characterized by widespread disorders, extremely limited access to care, and persistent stigma. Globally, an estimated 30% of people experience a mental health condition each year, yet over two-thirds of those affected in developing regions do not receive necessary treatment. In African countries, the availability of mental health workers stands at merely 1.4 per 100,000 people, compared to 9 per 100,000 globally, underscoring the immense workforce scarcity (Nicholas, A. et al., 2022.).

Nigeria exemplifies this challenge: approximately one in four Nigerians or around 50 million individuals live with a mental illness, yet only 350 psychiatrists serve a population of 200 million, resulting in an estimated 80% treatment gap (Mental healthcare in Nigeria, 2025). This critical shortage is compounded by chronic underfunding: African nations often spend less than US\$0.50 per person per year on mental health, with Nigeria allocating under 6% of its health budget to the entire sector (Mental healthcare in Nigeria, 2025). Cultural stigma further makes the situation worse, as many attribute mental health issues to supernatural causes, delaying or preventing formal care.

Digital health technologies have emerged as transformative tools to bridge these gaps. By the end of 2023, 520 million people subscribed to mobile services in Sub-Saharan Africa, representing 44% of the population, an increase of 190 million since 2015. (GSMA, 2023). However, significant setbacks persist: mobile internet coverage has expanded, but a usage gap remains, many in coverage areas still lack access due to device costs, literacy constraints, and privacy concerns. Projections anticipate that smartphone adoption in Sub-Saharan Africa will reach 87% by 2030, driven by affordability and a growing digital-native population (Sub-Saharan Africa embraces 5G and smartphone adoption soars, 2023).

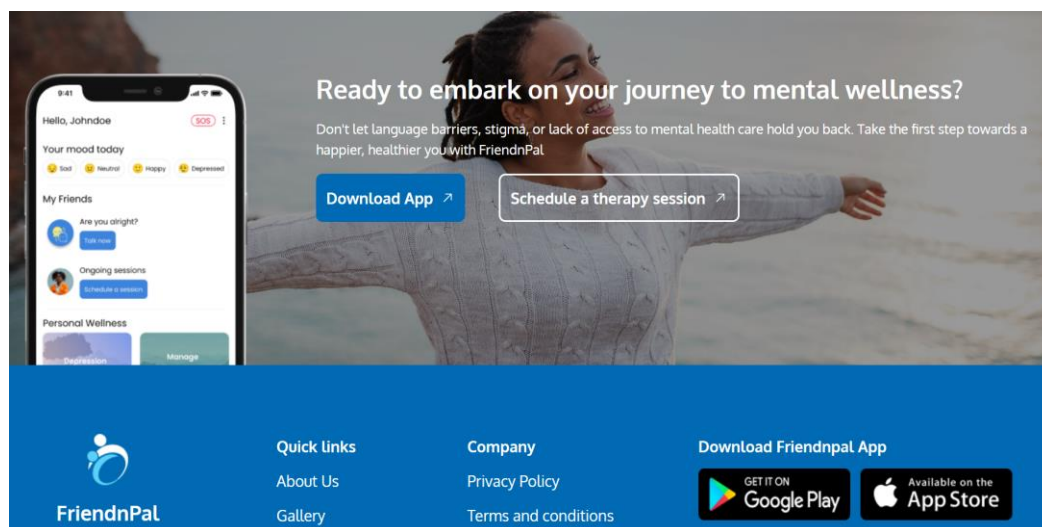
Digital mental health platforms offer anonymity, flexibility, and culturally adaptable support, especially crucial in contexts with limited infrastructure and stigma. Given this dynamic, a narrative comparative review of emerging digital mental health platforms across Africa is timely and essential. Rather than positioning these platforms as competitors, this review shows how they complement each other, highlighting their strengths, regional adaptations, and opportunities for scale.

This paper explores five digital mental health platforms, FriendnPal (Nigeria), Shezlong (Egypt), Wazi (Kenya), Vimbo Health (South Africa), and Wysa (global, with significant African uptake) and analyzes how they address accessibility, affordability, technological architecture, cultural relevance, community integration, and ethical implications. This review is not systematic, it is a selection of platforms based on relevance, availability of data, and representativeness of African/regional/global models.

OVERVIEW OF SELECTED PLATFORMS

FriendnPal (Nigeria)

FriendnPal is described as Africa's first AI-powered, multilingual mental health platform. It combines a mobile app, therapist access, and culturally relevant resources like mental health outreaches and more. The app uses a chatbot for screening and psychoeducation, with users able to book virtual sessions with licensed therapists. This hybrid digital community approach (community outreach, market women outreach, insurance plans for children living with autism, etc) positions FriendnPal as a platform that reflects a locally focused vision of mental health support (FriendnPal, 2025).



Shezlong (Egypt)

Shezlong is an Arabic-language psychotherapy platform offering confidential video sessions via web and mobile. Users can search and match with licensed therapists, a design intended to reduce stigma and gaps in access to mental health. Research has discussed Shezlong as a case study of online therapy in Cairo, linking it to broader trends in tele-mental health in the Middle East and North Africa (Elsafy & Shawky, 2023).



Wazi (Kenya)

Wazi, founded in Kenya, provides anonymous access to certified therapists through text, audio, or video. The Wazi model emphasizes discretion and affordability while working with NGOs and public actors to extend reach. This dual focus makes Wazi distinct in the East African context.



Vimbo Health (South Africa)

Vimbo Health offers a self-guided Cognitive Behavioral Therapy (CBT) app developed locally. It is structured to target depression and anxiety. A 2025 pilot study, conducted with ethics approval in collaboration with SADAG, found the app feasible to deliver and associated with reduced symptoms among adults, supporting further evaluation at scale (Steyn et al., 2025; EMHI 2025).



Wysa (Global, with African uptake)

Wysa is a global AI-enabled mental health app that delivers CBT-informed conversational self-help, with optional human support. Wysa is global but also has a very unique influence in Africa. The app is backed by a growing body of peer-reviewed studies, including trials with health-care workers. Evaluations from researchers confirm Wysa is an acceptable low-intensity option. (Chang et al., 2024; Malik et al., 2022).



COMPARATIVE OVERVIEW OF THE SELECTED DIGITAL MENTAL HEALTH PLATFORMS

Digital mental health platforms across Africa and beyond illustrate the different ways technology is bridging access gaps in mental health care.

Below is a comparative analysis of FriendnPal (Nigeria), Shezlong (Egypt), Wazi (Kenya), Vimbo Health (South Africa), and Wysa (global, but widely used in Africa). These platforms have different models of digital innovation, ranging from culturally centred therapy services to globally recognized AI-driven solutions.

Table: Comparative Overview of Selected Platforms

Platform	Country of Origin	Core Features	Unique Strength
FriendnPal	Nigeria	AI-powered chat, licensed therapists, community engagement.	Hybrid model - integrating therapy with culturally relevant community interventions.
Shezlong	Egypt	Online video/audio therapy with Arabic-speaking therapists.	First mover in MENA; strong cultural relevance in Arab world.
Wazi	Kenya	Text-based counseling with trained local professionals.	Affordable, anonymous, and localized in East Africa.
Vimbo Health	South Africa	Mobile CBT programs + therapist support	Employer-focused model; scalable in workplace settings.
Wysa	Global (Widely Used in Africa)	AI chatbot, self-help tools, human coaching.	Highly scalable; anonymity reduces stigma.

DISCUSSION

FriendnPal (Nigeria). FriendnPal represents an Africa-first approach that combines AI-powered chat support with licensed therapy and community-led interventions. Beyond providing individual counseling, the platform incorporates culturally grounded initiatives such as market outreach, autism mothers’ support groups, men’s wellness spaces, slum activities and insurance collaborations. This positions FriendnPal as both a therapeutic service and a community integration model, proving how social context can shape mental health care in Nigeria.

Shezlong (Egypt). Shezlong pioneered online psychotherapy in Arabic, offering digital access to licensed therapists across the Middle East and North Africa. Its cultural and linguistic alignment has reduced stigma around mental health treatment in Arab societies and created new pathways to care for populations previously excluded from traditional therapy models.

Wazi (Kenya). Wazi employs a mobile-first platform that connects users to local therapists at lower costs, prioritizing affordability and anonymity. Wazi addresses stigma and financial barriers by expanding entry points into therapy for East African populations where mental health services are limited.

Vimbo Health (South Africa). Vimbo Health delivers structured digital cognitive-behavioral therapy (CBT) programs, with clinical research supporting its effectiveness in managing depression and anxiety among youth and adults (Steyn et al., 2025). Its integration potential within health systems and evidence-based orientation distinguish it as a scalable intervention for public health contexts.

Wysa (Global). Wysa, while not Africa-specific, has gained traction across the continent due to its accessibility and clinically validated AI chatbot. It functions as an anonymous first-line emotional support tool, and studies have demonstrated its capacity in supplementing traditional care models.

Taken together, these platforms show the diversity of digital innovation in mental health: FriendnPal as a community-integrated hybrid model, Shezlong and Wazi as culturally tailored interventions, Vimbo Health as a clinically structured system, and Wysa as a globally validated AI-driven tool. Their coexistence proves both the potential and the complexity of building sustainable digital mental health ecosystems in Africa.

FriendnPal’s Distinctive Hybrid, Ethical, and Community-Integrated Model.

FriendnPal’s model is especially notable for its commitment to ethical design and cultural reality. FriendnPal offers multilingual support, themed peer groups (e.g., for market women, children living with autism and their caregivers, young men, slum health outreach, and workplace wellness), and interventions focused on people’s

realities. This confirms the necessity of culturally responsive and community-rooted digital innovations (Aderinto et al., 2025).

By pairing technology with trust-building physical initiatives, FriendnPal reduces barriers such as stigma, limited awareness, and poor communication about mental health at the grassroots.

Key insights from the comparative review include:

Hybrid models excel: Merging technology with physical and community engagement enhances trust, continuity, and accessibility.

Cultural and language tailoring matters: Platforms like Shezlong and FriendnPal demonstrate how it is important to communicate to people in the local language they understand.

The African digital mental health ecosystem is rich with promising, diverse models. FriendnPal's hybrid approach proves how digital solutions can be focused on local realities and still upscale.

LIMITATIONS AND FUTURE DIRECTIONS.

This comparative review is subject to several limitations that should be acknowledged. First, the quality and availability of data across digital mental health platforms in Africa remain highly variable, which constrains the consistency of comparison. Many services lack transparent reporting on user outcomes, making it difficult to evaluate long-term effectiveness. In addition, reliance on self-reported data and app-based analytics introduces potential biases that may over- or under-estimate true impact.

Future research should therefore prioritize the use of standardized evaluation frameworks that capture key dimensions such as accessibility, effectiveness, user satisfaction, cultural relevance, and data privacy. Incorporating qualitative perspectives from users, clinicians, and community stakeholders would enrich the evidence base beyond app analytics alone.

Collaborations with local practitioners and health systems across multiple African regions will also be critical in ensuring inclusivity and representativeness. In addition, integrating clinical outcome measures, real-world usage statistics, and economic analyses will strengthen the reliability and scalability of findings.

Finally, future studies should explore policy implications, sustainable funding models, and pathways for embedding digital mental health platforms within broader health systems, so that digital mental health care can continue to move toward long-term impact.

CONCLUSION

Mental health in Africa right now demands solutions that are innovative, ethical, and deeply rooted in cultural and community activities. The continent faces profound workforce shortages, averaging only 1.4 mental health workers per 100,000 people, compared to the global average of nine, leaving a massive treatment gap, especially in low-resource and rural settings (Nicholas et al., 2022; Mostert, 2023).

Glady, Across Africa; digital mental health platforms are not competing against each other, they are moving in the same direction. FriendnPal (Nigeria), Shezlong (Egypt), Wazi (Kenya), Vimbo Health (South Africa), and Wysa (global) and many others have shown different approaches to ensuring that there is access to mental healthcare for all. The mission is to close the treatment gap and make mental health care possible for everyone, everywhere.

No single platform can fully close Africa's mental treatment gap. The influence of these mentioned platforms and many others will eventually build a sustainable solution with their collective influence. Together, they are

growing, dismantling stigma, testing new models of care, and proving that digital tools can carry mental health support into places where traditional systems have struggled (Kola, L., 2023, Berardi, C.,2024).

Africa's mental health future will not be built by one platform alone but by the combined effort of many, working toward the same goal. This shared mission is already reshaping the ecosystem and its impact will be felt for decades to come.

Conflict of Interest Statement

Two of the authors ('Femi Banjo and Esther Eruchie) are affiliated with FriendnPal, one of the platforms discussed in this review. While they are affiliated with FriendnPal, all analyses were conducted within a comparative framework, and FriendnPal was evaluated alongside other platforms using the same criteria. These affiliations did not influence the framing, analysis, or interpretation of the comparative findings. The review draws upon publicly available data, peer-reviewed evidence, and independent literature to ensure objectivity and balance.

Ethics Statement

This review draws exclusively on publicly available information, peer-reviewed studies, and independent reports. No direct engagement, endorsement, or collaboration with the digital mental health platforms mentioned was conducted during the preparation of this manuscript.

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