SOCIAL ISSUES | Vol.3, Special Issue, 2025
2nd International Conference on Social Work & Social Research-2025, pp.148-159
https://doi.org/10.30546/SI.2025.3.2.4054

SOCIAL WORK AND DIGITAL TECHNOLOGY: BEST PRACTICES FOR ENHANCING MENTAL HEALTH AND INCLUSION OF INDIVIDUALS WITH PHYSICAL DISABILITIES

Yaser Snoubar*

Social Work Program, Department of Social Sciences, College of Art and Sciences, Qatar University, Doha, Qatar

Abstract

Digital technology offers numerous opportunities for individuals with physical disabilities to improve their quality of life and well-being, thereby positively impacting their mental health. Digital technology and assistive devices enable people with disabilities to access vital health information, social networks, education and employment opportunities (Cheatham, 2012). Therefore, the integration of artificial intelligence (AI) holds tremendous potential to increase the inclusion and accessibility of individuals with disabilities in numerous critical aspects of health, education, employment and social activity. AI-enabled tools and applications such as way-finding and communication aids, adaptive learning systems and robot assistance with daily living activities provide personalized solutions that address the different needs of individuals with disabilities so that they are empowered to overcome barriers and participate more actively with society (Shuford, 2023). The appropriate use of digital technology can mitigate the severe psychological effects of social isolation, lack of psychological support and economic vulnerability resulting from physical disability. This is an important starting point for this article, which examines perceptions related to the use of digital technology to promote the psychological well-being of people with physical disabilities, with a particular focus on social work interventions, assistive technologies, artificial intelligence tools, virtual reality and teletherapy and how these can be used to benefit this vulnerable group.

Emerging smart environments represent significant opportunities to positively impact the lives of people with physical disabilities by providing useful tools to support their daily activities, thereby improving their well-being (Burzagli *et al*., 2022). Social work can therefore actively collaborate with technology designers to make technological tools more adaptable to the individual needs of people with physical disabilities at the everyday level.

Employment is central to the psychological well-being of individuals with physical disabilities. Traditional work environments, however, present formidable barriers to inclusion, creating increased economic insecurity and psychological distress. Remote work and micro-task crowdsourcing platforms have created new employment channels, enabling people with disabilities to work with increased autonomy (Grabl *et al*., 2024). Additionally, adaptive workspaces driven by AI and policies for digital accessibility have increased inclusion in the workplace, resulting in economic empowerment and psychological resilience (Burzagli *et al*., 2022).

Despite such advancements, there are several impediments to the uptake of online mental care. Among the most imperative is the digital divide, with the poor level of digital ability among physically disabled people rendering them unable to use online services and telehealth services. Secondly, the extremely high cost of assistive technologies is another impediment, particularly in the

***Corresponding Author:** Yaser Snoubar, e-mail: ysnoubar@qu.edu.qa

context of the poor finances for disability support programs in low- and middle-income nations (Ibarra-Rodríguez, 2024; Kuo *et al*., 2021).
As a response to such demand, this article presents the Digital Mental Health Inclusion Framework with three core components: (1) the establishment of digital literacy programs for physically disabled individuals to improve their ability to utilize digital mental health tools, (2) policy actions to make assistive technologies accessible and affordable and (3) cross-sectoral partnerships among social workers, mental health professionals and technology designers to co-create inclusive digital interventions.
The incorporation of digital technology into mental health interventions has the potential to transform service delivery by making psychological support more accessible and reducing social isolation. Social work can be at the forefront in bridging the divide between technological innovation and real-world implementation so that digital inclusion strategies effectively achieve mental health equity. With concerted policy efforts, increased funding for assistive technologies and greater stakeholder awareness, digital technology can be harnessed as an effective vehicle for improving the mental well-being of people with physical disabilities.

Keywords
Social work, digital technology, physical disabilities, mental health, assistive technology, virtual reality therapy, AI-based mental health interventions, teletherapy

1. Digital Technology and Social Work - A Transformative Intersection

In recent years, digital technology has begun to play a growing role in shaping social work practices. It offers new ways to communicate and deliver services, especially for people with physical disabilities. As communities strive to become more inclusive and fair, integrating technology into social work has become increasingly important for supporting the psychological and social well-being of vulnerable groups. With the rising global rates of disability and mental health challenges, practical and innovative approaches are needed to close service gaps, particularly in underserved areas or where professional resources are limited (World Health Organization, 2022).

Digital inclusion is the presence of technology and the potential for meaningful usage for individual and collective flourishing. For individuals with physical disabilities, digital tools can offer meaningful opportunities to enhance their independence and ability to make their own choices. According to Tsatsou (2021), telehealth services and mobile health apps have significantly improved accessibility to mental health services among those with mobility limitations. The technologies aid in reducing physical barriers and creating more flexible pathways to receive care that meets personal needs and circumstances. As social workers among vulnerable populations, social workers have the ability to be drivers of such inclusion by ensuring that technological developments are made accessible and ethically utilized.

Also, social work person-centered and strengths-based practice reinforces the values of digital empowerment. Technologies such as mobile apps, virtual counseling platforms and AI-based interfaces offer new opportunities for participation and support, especially for those with structural and environmental barriers to participation (Snoubar, 2021; Wagner *et al*., 2023). Chan and Holosko (2021) argue that social workers must now extend their digital competencies to meet the increasing needs of the client and community population in clinical and community settings.

Evidence is accumulating that the use of assistive technology and digital communication aids not only leads to better mental health outcomes but also reduces social isolation, a key predictor of psychological distress for people with physical disabilities (Snoubar & Zengin, 2022; Schulz *et al*., 2015). The convergence of these fields of technology, disability and mental health is thus a rich site for research, practice and policy. It also emphasizes the importance of interdisciplinary practice and research partnerships among social workers, technologists, healthcare providers and policymakers.

This transdiscursive stance assumes even more importance in situations of conflict, where displaced adolescents and students face educational disruption, psychotraumatization and digital marginalization. Academic and community-based social work assumes prime importance in supporting such populations through offering access to digital resources, platforms for therapy and inclusive education. Snoubar (2021) has mentioned utilization of certain strategies for inclusion of students from conflict and war regions and avoidance of their being left out while transposing care to a digitized mode. This serves to emphasize culturally competent forms of digital intervention considering lived experiences among populations experiencing warfare. The COVID-19 pandemic also accelerated the shift toward digital modalities of service delivery, further emphasizing the imperative of digital adaptation for social work practice. Disproportionate barriers for people with disabilities to access face-to-face care during lockdowns also emphasized the importance of virtual platforms for the purpose of preserving the continuum of care (Pfefferbaum & North, 2020). The disruption revealed not only the potential but also the vulnerability of digital systems, particularly for underserved populations.

Nonetheless, social work utilization of Internet-based technologies does include its drawbacks. Ethical issues surrounding confidentiality, privacy and equitable access still hold good, particularly for those with limited financial or intellectual capital, such as people who could not handle technologies on their own (Goldkind & Wolf, 2015). For online interventions to be inclusive and effective, these challenges will have to be overcome by evidence-based policies and culturally competent design considerations.

In this aspect, social work function is double: encouragement of equitable distribution and ethical use of technology and capacity building of the client for obtaining skills and confidence for use of digital tools on a day-to-day basis. Social work's future, writes Reamer (2020), lies in integration of core practice with digital competences such that technological changes enhance - not replace - person-centred practice.

This article explores best practices for leveraging digital technology for mental health and inclusion promotion among individuals with physical disability. The article explores front-runner tools, including AI programs, virtual reality therapy programs, teletherapy programs and inclusive design models. The aim is to present an overarching representation of how social work can cut through and impact the digital environment for use in creating more equitable, inclusive and mentally healthy environments.

2. AI and Virtual Solutions: Tools for Enhancing Mental Well-being

Psychological interventions are increasingly being formulated based on Artificial Intelligence (AI) and are becoming integral components directed at individuals with physical disability. AI-based mental health chatbots and virtual mental health assistants can observe patterns from individuals, forecast needs and deliver personalized responses. Studies have established that such tools can ideally reduce stigmatization about seeking help through judgmentless and anonymous interactions (Inkster *et al*., 2018). The

platforms deliver immediate mental help, a feature that takes priority over others in the context of individuals with mobility limitations.

One of its highest uses is predictive mental health. Because AI can analyze behaviors and patterns in communication and emotional expression, AI programs can detect depression or distress cues before we see them (Shatte *et al*., 2019). Predictive technology holds immense potential for use among individuals with physical disability, who may be at potentially increased risks for isolation and emotional problems - especially if used within standard healthcare settings.

It was also found that Virtual Reality (VR) is therapeutic as well in its application. VR therapies can also empower individuals to practice their coping behaviors, deal with anxiety and practice taught mindfulness exercises (Freeman *et al*., 2017). Those with limitations in attending in-person rehab programs have a versatile and interactive option in VR. Virtual spaces in VR can aid users in performing daily activities and enhance cognitive and emotional well-being (Laver *et al*., 2017).

Another place where mental care remains unavailable is in the growth in teletherapy platforms. The platforms enable real-time (video-based) and deferred (text or app-based) contact with licensed professionals. The platforms offer a lifeline to regular care to those with transport or architectural barriers to care (Simblett *et al*., 2018). The platforms are crucial in providing continuity in care in cases of pandemics or natural catastrophes.

Assistive devices in the form of eye-tracking software, emotion recognition software and voice-controlled devices enable accessible mental care too. Devices like CogniZant and Woebot, to mention a few, can track mood and provide evidence-based cognitive behavioral (CBT) therapies (Fitzpatrick *et al*., 2017). The systems have assisted in alleviating depression and anxiety symptoms in those with whom communication with technology is less challenging than with face-to-face counseling due to stigma or fear.

Also, AI-driven adaptive learning systems are being used for the therapeutic education of the disabled youth and adults. These systems adjust the mental health education based on the user's needs, reading levels and cognitive abilities, developing emotional literacy and coping skills (Olawade *et al*., 2024). These systems empower individuals by making them have greater control of their own mental health processes and less dependency on the traditional one-size-fits-all interventions.

Significantly, these digital tools also collect big data, which, if harnessed ethically and responsibly, can be utilized for public health interventions and social work practice for individuals with disabilities. Predictive analytics can be utilized for the identification of community needs, monitoring the success of mental health interventions and better resource redirection (Topol, 2019). But the utilization of such data must be subject to rigorous ethical requirements for the protection of users' privacy and autonomy.

Despite these innovations, ethical considerations around AI algorithmic bias, accessibility of these technologies for non-English speakers and the possibility of excessive reliance on automated systems exist. Social workers should be involved with the development and application of such technologies to ensure that these technologies remain fair, culturally responsive and aligned with human dignity (Tilmes, 2022)

3. Economic Empowerment through Digital Employment Platforms

Economic inclusion is crucial to ensuring psychological well-being, in particular among those with physical disabilities who generally find themselves with significant obstacles in mainstream labor markets. Beyond ensuring economic security, work gives

rise to a sense of purpose, identity and self-esteem. With the emergence of online work platforms - ranging from teleworking to micro-tasking and freelance marketplaces - new avenues have emerged for those with disabilities to engage in productive work from home or from another accessible place (Grabl *et al*., 2024).

One of the biggest advantages of online work is flexibility. Individuals with mobility limitations can craft schedules to suit themselves, work from adaptive home spaces and avoid many of the social and physical obstacles in mainstream workplaces. Not only does flexibility make work accessible, but mental well-being is also promoted through the removal of daily stressors such as commuting, negotiating inaccessibility in buildings, or stigma from co-workers (Lindsay *et al*., 2018). Remote work allows individuals to feel safe, supported and in control - building up to resilience and self-confidence.

The advent of artificial intelligence (AI)-driven work platforms has significantly broadened the scope for creating more inclusive workforce environments. These systems are designed to align tasks with individual capabilities and skill sets, while adaptive technologies help streamline both communication and workflow. Tools such as screen readers, text-to-speech programs and online collaboration suites empower individuals with visual, hearing or motor challenges to actively participate in digital workspaces (Schur *et al*., 2013). By fostering independence and minimizing reliance on others, these technologies contribute meaningfully to improved mental health. The potential of inclusive workforces in the online arena is similarly being actualized by the public and private sectors. Public job centers, for example, collaborate with online platforms to connect workers with disabilities with job opportunities in chosen countries.

Furthermore, social ventures targeting the employment of people with disabilities also exist, which provide training, mentorship and peer support online (Hernandez & Roberts, 2018). These activities dismantle systemic barriers and provide real opportunities for economic independence.

Nevertheless, barriers remain. Disabled people usually lack access to stable internet, appropriate assistive technology and digital literacy for the effective use of online workspaces. In low- and middle-income countries, these barriers become even larger and if no focused policies are introduced, digital work will be yet another cause of exclusion, rather than of empowerment (Ibarra-Rodríguez, 2024). Bridging these gaps requires investment, not just in infrastructure, but also in education, training and local support systems.

One of the most serious problems is the instability of most digital work. Gig work and micro-tasking may offer instant earning opportunities, but with no health insurance, employment security or chance of career growth. To the already vulnerable, this may offer economic insecurity and increased stress levels with the passage of time (Wood *et al*., 2019). Policymakers and social work practitioners should campaign for legislation that will offer decent wages, protection and support for workers with disabilities in the digital economy.

Despite the difficulties, the online labor market can be an effective instrument to stimulate economic participation. With supportive policy environments and community-based services, it can have long-term economic and psychological dividends. Social workers can play a central role in helping individuals to acquire skills and the self-esteem needed to work online and in collaborating with stakeholders to build accessible and equitable platforms.

Finally, work in the digital sphere is not just about earning money - it's about reclaiming power, building community and establishing the notion that all individuals, independent of physical capacity, have value to bring to the table. With the enablement of accessible digital work processes, social work can have direct effect on structural disparities and promote the dignity and welfare of individuals with physical disabilities.

4. Barriers to Digital Inclusion: Bridging the Divide

While digital technology has huge potential to enhance the mental well-being and inclusion of persons with physical disabilities, a variety of underlying barriers hinder its full utilization. The most prominent among such barriers is the digital divide - a multifaceted issue including disparities in devices, accessibility to the internet, digital skills and technical maintenance. People with disabilities and in particular from low-resourced settings, disproportionately carry the burden of the gap and fall behind in the digital services intended to advance their well-being (UNESCO, 2022).

Refugees with physical disability who live in situations of conflict encounter multiple and multifaceted barriers that materially prevent their use of digital technology and AI-based mental health services. In conflict contexts, basic infrastructure is typically suspended and social protection and inclusive policy are absent or weak. These conditions not only maintain displacement and psychosocial scarring but also solidify exclusion from innovation that promises equity. Marginalization of vulnerable people such as women and people with disability in conflict contexts was identified by Snoubar (2020) as including a deprivation of basic rights such as access to technological resources. Furthermore, conflict's latent effects cause entrenched inequities that prevent technological participation. Children with disability are especially at risk in such contexts and demand holistic and contextually appropriate responses, as noted by Snoubar and Duman (2015). Similarly, Snoubar and Karataș (2017) proclaimed that conflict contexts are direct causes also of disability among children and further solidify their social exclusion. Until there are explicit and inclusive responses that include such mulitplicities of exposures and vulnerabilties, innovation around digital technologies stands as much a cause of further marginalization as a force for inclusion and empowerment (Snoubar, 2017; Snoubar & Musah, 2017).

Reliable and affordable internet access remains a pressing issue. In low-income or rural neighborhoods, broadband infrastructure is non-existent or sparse. Even if internet exists, the cost of maintaining a connection is excessively high for individuals with disabilities, who tend to be even more impoverished and underemployed (Kuo *et al.*, 2021). Without affordable internet, the use of digital health services, remote work opportunities or assistive technology platforms is essentially out of the question.

Beyond connectivity, the cost of the assistive technologies themselves is also a strong impediment. Sophisticated devices such as eye-tracking systems, adaptive keyboards or AI-powered communication aids remain beyond the means of those with no insurance coverage or state aid. In low- and middle-income countries, funds for disabilities are scarce and public funding for such technologies is non-existent or negligible (Ibarra-Rodríguez, 2024). Consequently, the majority of people with disabilities continue to be unable to access the equipment required for digital inclusion, creating cycles of exclusion and isolation.

One of the most overlooked factors of digital exclusion is digital literacy. Possession of a device is not the same as being literate with it, especially for individuals with cognitive, sensory or educational disabilities. Helsper and Van Deursen (2017)

indicate that digital skill deficits play a critical part in limiting online engagement for individuals with disabilities, particularly older individuals or those with limited experience with technology throughout their education. Without specialized training and accessible interfaces, technology can be beyond their reach even if available.

Digital exclusion is also brought about by language and cultural barriers. The majority of online mental health apps and online support websites only offer English or dominant world languages, thus excluding users from other linguistic groups. Cultural beliefs about illness or disability can also deter individuals from seeking online assistance, especially if websites are not tailored to their social context. Culturally adaptive technologies and multilingual interfaces can mitigate these gaps (Tilmes, 2022).

Also, developers may not give top priority to accessibility. Despite international standards like the Web Content Accessibility Guidelines (WCAG), most apps and websites are still non-compliant with minimum accessibility requirements, such as being screen-reader accessible or having captions on their videos. Technical exclusion can be psychologically harmful, with users feeling frustrated, dependent or excluded from the digital world that is supposed to be inclusive (Wentz *et al*., 2011).

To these is added the underrepresentation of individuals with disabilities throughout the policymaking and designing processes. Disabled people rarely engage in the discussion of the structure and application of technology. Their exclusion leads to the development of products that fail to meet the real needs and preferences of the users. Involvement of social workers and individuals with disabilities throughout the process of co-designing is thus critical for developing tools that are inclusive and empowering (Bennett *et al*., 2019).

One of the features of exclusion is trust and matters of privacy. The majority of users fear that their data may be treated improperly, shared with no permission, or used against them for employment or healthcare. These matters are real, especially with the advent of algorithmic profiling and data breaches. Creating systems with robust data protection, open algorithms and well-informed consent processes is critical for creating a secure digital platform for users with disabilities (Goldkind & Wolf, 2015).

To effectively bridge the digital divide, a complex strategy is required - integrating public investment in infrastructure, subsidies for assistive technologies, community-based digital literacy and inclusive design standards. Social workers can be integral to this by acting as digital navigators: helping clients access useful technologies, connecting them with supports and advocating for systemic change on a macro level. Without these, digital technology may be a privilege for some, rather than a right for all.

5. The Digital Mental Health Inclusion Framework

With the growing importance of the mental health of individuals with physical disabilities, the need for inclusive digital interventions is also on the rise. Despite the great advances achieved with digital services and tools, the majority of these are still inaccessible or underutilized for this population. In response, a structured approach - laid out here as the Digital Mental Health Inclusion Framework - has the potential to guide social workers, policymakers and technology developers on creating solutions that actually facilitate inclusion and wellness.

Older refugees with physical disabilities face compounded challenges in adopting digital tools. As found in Snoubar et al. (2025), older displaced persons often have limited digital literacy and face deteriorating mental health without culturally accessible tech-based support systems. Their marginalization is often due to both age-related and

displacement-related vulnerabilities, which digital inclusion frameworks must explicitly address to ensure effectiveness.

The first pillar of this structure is digital literacy training for people with disabilities. Providing a device or platform is insufficient if the user is not also equipped with the skills and the assurance of being able to use it. Community workshops, peer-to-peer digital navigation training and online tutorials for people with disabilities can all fill this role. Interventions of this nature have been shown to significantly increase the utilization of telehealth platforms and encourage self-efficacy for the treatment of mental health (Li *et al*., 2020).

The second is policy advocacy for the accessibility and affordability of assistive technologies. The cost of high-quality equipment is still beyond the reach of most users, preventing them from being active players on the digital stage. Public subsidies, insurance and open-source alternatives can bring such tools as speech-generating devices, home automation aids and adaptable communication and emotion management software into reach (Varshini *et al*., 2025). Without these supports, technological advances will widen existing inequalities.

The third key consideration is cooperation among sectors - social workers, mental health workers and technology developers. When these stakeholders operate independently, digital tools will not meet the sophisticated needs of end users. Co-design processes, in which people with disabilities play active roles in developing and testing digital products, have been successful at developing functional and enabling solutions (Bennett *et al*., 2019). The collaborative process is congruent with core social work values, such as participation, respect and user control.

One of the most important features of the framework is the culturally responsive design. Social, cultural and linguistic contexts shape the requirements of mental health and digital interventions must be responsive to this diversity. Culturally relevant examples, flexible content and multilingual interfaces can make digital support accessible and meaningful. When platforms disregard the diversity of cultures, users become disconnected or misunderstand therapeutic advice (Naslund *et al*., 2017).

Also, the framework highlights the importance of building trust by being honest and ethical. To most individuals, especially those that can be marginalized, data misuse and data privacy concerns exist. Mental health platforms should be honest about storing, utilizing and protecting user data. Trust is established with honesty and ethical safeguards should be non-negotiable, not discretionary (Goldkind & Wolf, 2015). To be sustainable, the model will require investment in long-term community infrastructure. Rather than relying on short-term pilots or donor-funded apps, stakeholders will be asked to integrate digital mental health supports into regular services. Community health clinics, rehabilitation centers, libraries and schools can all serve as access points for inclusive digital programs with trained staff and secure funding behind them (Lim *et al*., 2024). Also, the structure facilitates continuous evaluation and adaptation. User requirements and technologies evolve continuously and continuous feedback loops should exist. Social workers can play a vital role by collecting qualitative and quantitative information from consumers, identifying usability issues and recommending improvements for digital platforms. The continuous process makes sure that tools remain effective, relevant and client-centric.

Finally, at the center of this framework is a commitment to equity and dignity. Technology is not something that should be seen as a luxury or a technological advance - it is a means of defending the right to social inclusion and mental health. By grounding

digital interventions on the principles of social justice and human rights, this framework offers a model for the creation of digital environments in which all individuals, regardless of ability, can thrive.

6. Conclusion

The application of digital technology to social work practice is a revolutionary shift in service delivery among persons with physical disabilities. It will not in and of itself remove all barriers to participation and to mental health service delivery, but can be an effective tool - when introduced with care - to reduce inequalities, promote autonomy and unlock new avenues to participation. The potential depends not only on technical innovation, but on a commitment to ethically informed, person-centred and inclusive approaches.

Some of the most significant opportunities explored in this article include AI-based mental health support, virtual reality therapy, remote work arrangements and assistive technologies that promote everyday functioning and social interaction. When these technologies are tailored for individuals with disabilities, potential exists for improved emotional well-being and reduced isolation. But with no inclusive policies, adequate funding and accessible design, these technologies can reinforce existing inequalities rather than end them.

It must be emphasized that empowerment and access are not identical. The digital divide still affects the majority of persons with disabilities, particularly low-income individuals, those from rural backgrounds or those with poor health systems. The scarcity of the Internet, the cost of assistive devices and low levels of digital competence can discourage individuals from taking advantage of the opportunities provided by technology - where they exist. It will require long-term commitment, policy reform, and concerted effort at the sectoral level to bridge the gap.

Here, social workers have a unique and central role to play. Their overall understanding of the person in their social context allows them to effect change at the personal and systems levels. By engaging in digital literacy training, co-designing projects or policy advocacy, social workers can ensure that digital innovation benefits the most vulnerable populations in real terms. Their role in addressing the moral challenges of technology, such as privacy, consent and cultural sensitivity, is especially important.

Also, establishing an effective framework to integrate persons with disabilities - emphasizing accessibility, equity and partnership - will set the course forward in social work practice. Emphasis on accessible design, partnerships between sectors and preparation will allow stakeholders to work together to establish settings where persons with disabilities are made visible, valued and empowered. It is not about service efficiency but about justice and human dignity.

As the tech evolves, so should the models upon which its implementation should be founded. It is imperative that mental health platforms and assistive tech be tested, customized and perfected on a regular basis from actual experience. Including persons with disabilities in all aspects of the process - delivery, design and so on - will ensure that solutions remain rooted in pragmatism and lived experience, not assumptions.

The COVID-19 pandemic revealed the promise and vulnerability of digital care systems. Virtual platforms were lifelines to those with mobility and physical disabilities during social distancing and diminished mobility. The experience underscored the imperative to spend in long-term, sustainable and equitable digital infrastructure - not instead of human contact, but in addition to enhancing flexibility and accessibility.

Lastly, the future entails a balance between compassion and technology. Technology should never replace the relational heart of social work but can be a robust extension of it. When moral values and human connection direct technological tools, they can be employed to augment mental health services and facilitate actual inclusion for the physically disabled. Such a vision - a society that is both digitally inclusive and emotionally supportive - is one that social workers, technologists and citizens must collaborate to build together.

References

Bennett, C.L., Brady, E. & Branham, S.M. (2018). Interdependence as a frame for assistive technology research and design. In *Proceedings of the 20th International ACM SIGACCESS Conference on Computers and Accessibility*, 161-173.

Burzagli, L., Emiliani, P.L., Antona, M. & Stephanidis, C. (2022). Intelligent environments for all: A path towards technology-enhanced human well-being. *Universal Access in the Information Society*, 1-20.

Chan, C., Holosko, M.J. (2016). A review of information and communication technology enhanced social work interventions. *Research on Social Work Practice*, *26*(1), 88-100.

Cheatham, L.P. (2012). Effects of internet use on well-being among adults with physical disabilities: A review. *Disability and Rehabilitation: Assistive Technology*, *7*(3), 181-188.

Fitzpatrick, K.K., Darcy, A. & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. *JMIR Mental Health*, *4*(2), e7785.

Freeman, D., Reeve, S., Robinson, A., Ehlers, A., Clark, D., Spanlang, B. & Slater, M. (2017). Virtual reality in the assessment, understanding and treatment of mental health disorders. *Psychological Medicine*, *47*(14), 2393-2400.

Goldkind, L., Wolf, L. (2015). A digital environment approach: Four technologies that will disrupt social work practice. *Social Work*, *60*(1), 85-87.

Grabl, S., Mayer, A.S., Strunk, K.S. & Ihl, A. (2024). Toward a more inclusive labor market: How micro-task crowdsourcing enables social inclusion. *Journal of Disability and Employment Studies*, *15*(2), 89-102.

Helsper, E.J., Van Deursen, A.J. (2017). Do the rich get digitally richer? Quantity and quality of support for digital engagement. *Information, Communication & Society*, *20*(5), 700-714.

Hernandez, K., Roberts, T. (2018). *Leaving No One Behind in a Digital World*. K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies.

Ibarra-Rodríguez, M.C. (2024). Navigating challenges with cerebral palsy in low- and middle-income countries. *Developmental Medicine & Child Neurology*, *67*(3), 278. https://doi.org/10.1111/dmcn.16195

Ibarra-Rodríguez, M.C. (2024). Navigating challenges with cerebral palsy in low- and middle-income countries. *Journal of Global Disability Research*, *12*(1), 77-94.

Inkster, B., Sarda, S. & Subramanian, V. (2018). An empathy-driven, conversational artificial intelligence agent (Wysa) for digital mental well-being: Real-world data evaluation mixed-methods study. *JMIR Mhealth and Uhealth*, *6*(11), e12106.

Kuo, H.J., Sung, C., Newbutt, N., Politis, Y. & Robb, N. (2021). Current trends in technology and wellness for people with disabilities: An analysis of benefit and risk. *Recent Advances in Technologies for Inclusive Well-Being: Virtual Patients, Gamification and Simulation*, 353-371.

Kuo, H.J., Sung, C., Newbutt, N., Politis, Y. & Robb, N. (2021). Current trends in technology and wellness for people with disabilities: An analysis of benefit and risk. *Recent Advances in Technologies for Inclusive Well-Being: Virtual Patients, Gamification and Simulation*, 353-371.

Laver, K., George, S., Thomas, S., Deutsch, J.E. & Crotty, M. (2012). Virtual reality for stroke rehabilitation. *Stroke*, *43*(2), e20-e21.

Li, P.Q., Sun, G.Y., Zhao, X.X., Hu, Z.X. & Gan, K.P. (2025). Internet use and self-rated health among Chinese older adults: The role of social engagement and social support. *Frontiers in Public Health*, 12, 1504940.

Lim, C.T., Fuchs, C. & Torous, J. (2024). Integrated digital mental health care: A vision for addressing population mental health needs. *International Journal of General Medicine*, 359-365.

Lindsay, S., Cagliostro, E. & Carafa, G. (2018). A systematic review of barriers and facilitators of disability disclosure and accommodations for youth in post-secondary education. *International Journal of Disability, Development and Education*, *65*(5), 526-556.

Naslund, J.A., Aschbrenner, K.A., Araya, R., Marsch, L.A., Unützer, J., Patel, V. & Bartels, S.J. (2017). Digital technology for treating and preventing mental disorders in low-income and middle-income countries: A narrative review of the literature. *The Lancet Psychiatry*, *4*(6), 486-500.

Olawade, D.B., Wada, O.Z., Odetayo, A., David-Olawade, A.C., Asaolu, F. & Eberhardt, J. (2024). Enhancing mental health with Artificial Intelligence: Current trends and future prospects. *Journal of Medicine, Surgery and Public Health*, 100099.

Pfefferbaum, B., North, C.S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, *383*(6), 510-512.

Reamer, F. (2020). Digital technology in social work. *Encyclopedia of Social Work.* Retrieved 01.04.2025 from https://oxfordre.com/socialwork/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1160

Schulz, R., Wahl, H.W., Matthews, J.T., De Vito Dabbs, A., Beach, S.R. & Czaja, S.J. (2015). Advancing the aging and technology agenda in gerontology. *The Gerontologist*, *55*(5), 724-734.

Schur, L., Kruse, D. & Blanck, P. (2013). *People with Disabilities: Sidelined or Mainstreamed?*. Cambridge University Press.

Shatte, A.B., Hutchinson, D.M. & Teague, S.J. (2019). Machine learning in mental health: A scoping review of methods and applications. *Psychological Medicine*, *49*(9), 1426-1448.

Shuford, J. (2023). Contribution of artificial intelligence in improving accessibility for individuals with disabilities. *Journal of Knowledge Learning and Science Technology*, *2*(2), 421-433.

Simblett, S., Greer, B., Matcham, F., Curtis, H., Polhemus, A., Ferrão, J., ... & Wykes, T. (2018). Barriers to and facilitators of engagement with remote measurement technology for managing health: Systematic review and content analysis of findings. *Journal of Medical Internet Research*, *20*(7), e10480.

Snoubar, Y. (2017). Refugee girls children in the Middle East and North Africa: Vulnerabilities and necessity of social protection. *The Journal of International Social Research*, *10*(50), 809-813.

Snoubar, Y. (2020). Violation of women's rights in conflict areas: A study from a social work perspective. *The Journal of International Social Research*, *13*(71), 999-1005.

Snoubar, Y. (2021). Palliative social work practice during the coronavirus (COVID-19) pandemic precautionary measures. *Academic Research and Reviews in Social Sciences*, 161-171.

Snoubar, Y. (2021). Social work practices and enabling the integration of students from war and conflict zones. *Humanities and Social Sciences Communications*, *8*(1), 1-8.

Snoubar, Y., Duman, N. (2015). Social work intervention in protecting children at risk environments: A case study of children in war and conflicts in the Middle East. *Mediterranean Journal of Social Sciences*, *6*(2), 231-237.

Snoubar, Y., Karataş, K. (2015). War and conflicts as a disability reason and the rights of disabled children: Palestine as an example. *Beyond the Horizon Science Magazine*, *14*(1), 1-14. (In Turkish).

Snoubar, Y., Musah, S. (2017). The impact of war and conflict in worsening the problems of Middle Eastern youngsters: A proposal for future social policies. *Journal of Youth Researches, 5*(1), 63-78.

Snoubar, Y., Zengin, O. (2022). Fear of being infected with COVID-19 virus among the medical social workers and its relationship to their future orientation. *Frontiers in Psychology*, 13, 985202.

Snoubar, Y., Turan, Z., Abusafia, B. & Tarsuslu, B. (2025). Being an older refugees in Türkiye: Predictors of mental health and quality of life. *Aging & Mental Health*, 1-8.

Tilmes, N. (2022). Disability, fairness and algorithmic bias in AI recruitment. *Ethics and Information Technology*, *24*(2), 21.

Topol, E. (2019). *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again*. Hachette UK.

Tsatsou, P. (2021). Is digital inclusion fighting disability stigma? Opportunities, barriers and recommendations. *Disability & Society*, *36*(5), 702-729.

UNESCO (2022). Universal access to information and digital inclusion. https://www.unesco.org/en/access-information-digital-inclusion

Varshini, B.G., Manimegalai, A., Abirami, S.D. & Kalaiselvi, S. (2025). Eye-gaze controlled virtual keyboard using blink detection for accessible hands-free communication. In *2025 International Conference on Computational, Communication and Information Technology (ICCCIT)*, 49-56.

Wagner, B., Snoubar, Y. & Mahdi, Y.S. (2023). Access and efficacy of university mental health services during the COVID-19 pandemic. *Frontiers in Public Health*, 11, 1269010.

Wentz, B., Jaeger, P.T. & Lazar, J. (2011). Retrofitting accessibility: The legal inequality of after-the-fact online access for persons with disabilities in the United States. *First Monday*, *16*(11).

Wood, A.J., Graham, M., Lehdonvirta, V. & Hjorth, I. (2019). Good gig, bad gig: Autonomy and algorithmic control in the global gig economy. *Work, Employment and Society*, *33*(1), 56-75.

World Health Organization (2022). Global report on health equity for persons with disabilities. https://www.who.int/publications/i/item/9789240063600