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REVIEW

From Records to Recovery: Bibliometric Mapping of the Role of Health Information Management in Mental Health Care

De los registros a la recuperación: mapeo bibliométrico del rol de la gestión de la información sanitaria en la atención de salud mental

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ABSTRACT

Introduction: Health Information Management (HIM) in mental health has gained growing scholarly attention, particularly with the rise of digital health technologies.
Objective: this study presents a bibliometric analysis of research on HIM in the context of mental health, covering the period from 1970 to July 2025.
Method: a total of 458 documents from 313 sources were analyzed using Biblioshiny, VOSviewer, and CiteSpace to examine publication patterns, authorship, citation networks, and thematic evolution.
Results: the analysis revealed an annual growth rate of 7,12 percent, reflecting a steady increase in research output. Findings highlight an expanding body of literature emphasizing digital health, telemedicine, electronic health records, and data-driven interventions in mental health services. Co-authorship and collaboration networks underscore the multidisciplinary and global nature of this field, with contributions from leading researchers and institutions across diverse countries. The most influential sources are journals in public health, digital health, psychiatry, and health informatics. Highly cited works address mental health literacy, global disparities, and digital mental health innovations. Emerging topics such as COVID-19, telehealth, social media, and self-management reflect the impact of recent technological and societal shifts. Despite this progress, gaps remain in standardized practices, data privacy, and implementation in low- and middle-income countries.
Conclusions: overall, the study provides evidence-based insights into the intellectual structure, research frontiers, and future directions for advancing HIM in mental health care.

Keywords: Health Information Management; Mental Health; Bibliometric Analysis; Biblioshiny; VOSviewer; CiteSpace.

Introducción: la Gestión de Información en Salud (GIS) desempeña un papel clave en la organización, resguardo y uso de los datos para mejorar la atención en salud. En el ámbito de la salud mental, su relevancia ha crecido con la incorporación de herramientas digitales y la transformación tecnológica reciente.
Objetivo: este estudio presenta un análisis bibliométrico de la investigación sobre GIS en el contexto de la salud mental, durante el período de 1970 a julio de 2025.
Método: se analizaron 458 documentos provenientes de 313 fuentes. Para el estudio de los patrones de publicación, autoría, redes de citación y evolución temática se utilizaron Biblioshiny, VOSviewer y CiteSpace.
Resultados: la producción científica mostró una tasa de crecimiento anual del 7,12 %, reflejando un interés sostenido en la temática. Los hallazgos revelan un cuerpo creciente de literatura que enfatiza la salud digital, la telemedicina, los historiales clínicos electrónicos y las intervenciones basadas en datos.

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Las redes de coautoría y colaboración evidencian la naturaleza multidisciplinaria y global de este campo. Las fuentes más influyentes provienen de revistas de salud pública, salud digital, psiquiatría e informática sanitaria. Los trabajos más citados abordan alfabetización en salud mental, desigualdades globales e innovaciones en herramientas digitales. Temas emergentes incluyen COVID-19, telesalud, redes sociales y autogestión. Persisten vacíos en prácticas estandarizadas, privacidad de datos e implementación en países de ingresos bajos y medios.
Conclusiones: el análisis ofrece evidencia sobre la estructura intelectual, las fronteras de investigación y las futuras direcciones para fortalecer la gestión de información en salud aplicada a la salud mental.

Palabras clave: Gestión de Información en Salud; Salud Mental; Análisis Bibliométrico; Biblioshiny; VOSviewer; CiteSpace.

INTRODUCTION

Health Information Management (HIM) plays a pivotal role in modern mental health care systems by ensuring the efficient collection, organization, and utilization of patient data. In mental health care, where patient confidentiality, accurate records, and timely access to information are critical, HIM provides a structured approach to managing sensitive health information.[1] By leveraging advanced technologies and standardized processes, HIM facilitates better clinical decision-making, continuity of care, and adherence to legal and ethical guidelines.[2]

The importance of HIM in mental health care lies in its ability to bridge the gap between patients, clinicians, and administrators.[3] Accurate health records empower mental health professionals to track patient progress, assess treatment effectiveness, and personalize care plans.[4] Moreover, HIM systems support mental health services in overcoming administrative challenges such as fragmented care, duplication of records, and inefficiencies in data management.[5] This is particularly significant for mental health conditions, which often require long-term monitoring and multidisciplinary care coordination.[5]

Globally, mental health disorders represent a major public health concern. The World Health Organization estimates that nearly 1 in 8 people (970 million individuals) were living with a mental disorder in 2019, with depression and anxiety being the most prevalent. The burden has further intensified during the COVID-19 pandemic, which caused a 25 % increase in the prevalence of anxiety and depressive disorders. Mental health conditions also account for approximately 14,6 % of all years lived with disability (YLDs), underscoring their profound impact on individuals, families, and health systems worldwide.

With advancements in digital health technologies, electronic health records (EHRs), and telehealth platforms, HIM has transformed the delivery of mental health services.[6] Real-time data accessibility allows clinicians to provide prompt interventions, even in remote or underserved regions.[7] Additionally, integrated health information systems enable researchers and policymakers to analyze trends, identify gaps in care, and implement evidence-based strategies for improving mental health outcomes.

Despite its benefits, the implementation of HIM in mental health care systems also faces challenges, such as data privacy concerns, lack of standardization, and resource constraints.[8,9] Protecting sensitive mental health data while promoting interoperability requires robust cybersecurity measures and clear regulatory frameworks.[10] As mental health care continues to evolve, HIM remains essential in fostering efficient, patient-centered care, ultimately contributing to improved mental health outcomes for individuals and communities.[11]

Health Information Management (HIM) has emerged as a crucial component in enhancing the quality and accessibility of mental health care systems.[4] HIM focuses on the systematic collection, storage, and utilization of health data to support clinical decision-making, improve patient care, and streamline administrative processes.[9] In the context of mental health care, where data sensitivity, long-term monitoring, and multidisciplinary coordination are key challenges, HIM plays a transformative role.[12] A bibliometric analysis of HIM research in mental health care systems provides valuable insights into the development of this field, revealing trends, key contributors, influential studies, and research gaps.

By analyzing published literature, this bibliometric study aims to identify the current state and trajectory of HIM research in mental health care systems. It will highlight the major themes, collaborations, and knowledge gaps, providing a foundation for future research directions. The findings will be instrumental in understanding how HIM has evolved to address mental health care challenges and contribute to evidence-based strategies for improving mental health outcomes globally. Evolve, HIM remains essential in fostering efficient, patient-centered care, ultimately contributing to improved mental health outcomes for individuals and communities.

METHOD

This study employs Biblioshiny, VOSviewer, and CiteSpace, three widely used tools for bibliometric analysis, to examine the research landscape of HIM in mental health care systems.[13,14,15] Biblioshiny, a web interface for

the R-based Bibliometrix package, enables comprehensive analysis of bibliographic data, including authorship patterns, journal impact, and thematic evolution.[16,17,19] VOSviewer provides visualization of bibliometric networks, such as co-authorship, keyword co-occurrence, and citation relationships, helping identify collaborative networks and research clusters.[20,21,22] CiteSpace complements this by detecting emerging trends, research hotspots, and intellectual turning points over time through advanced citation mapping and burst analysis.[23,24,25]

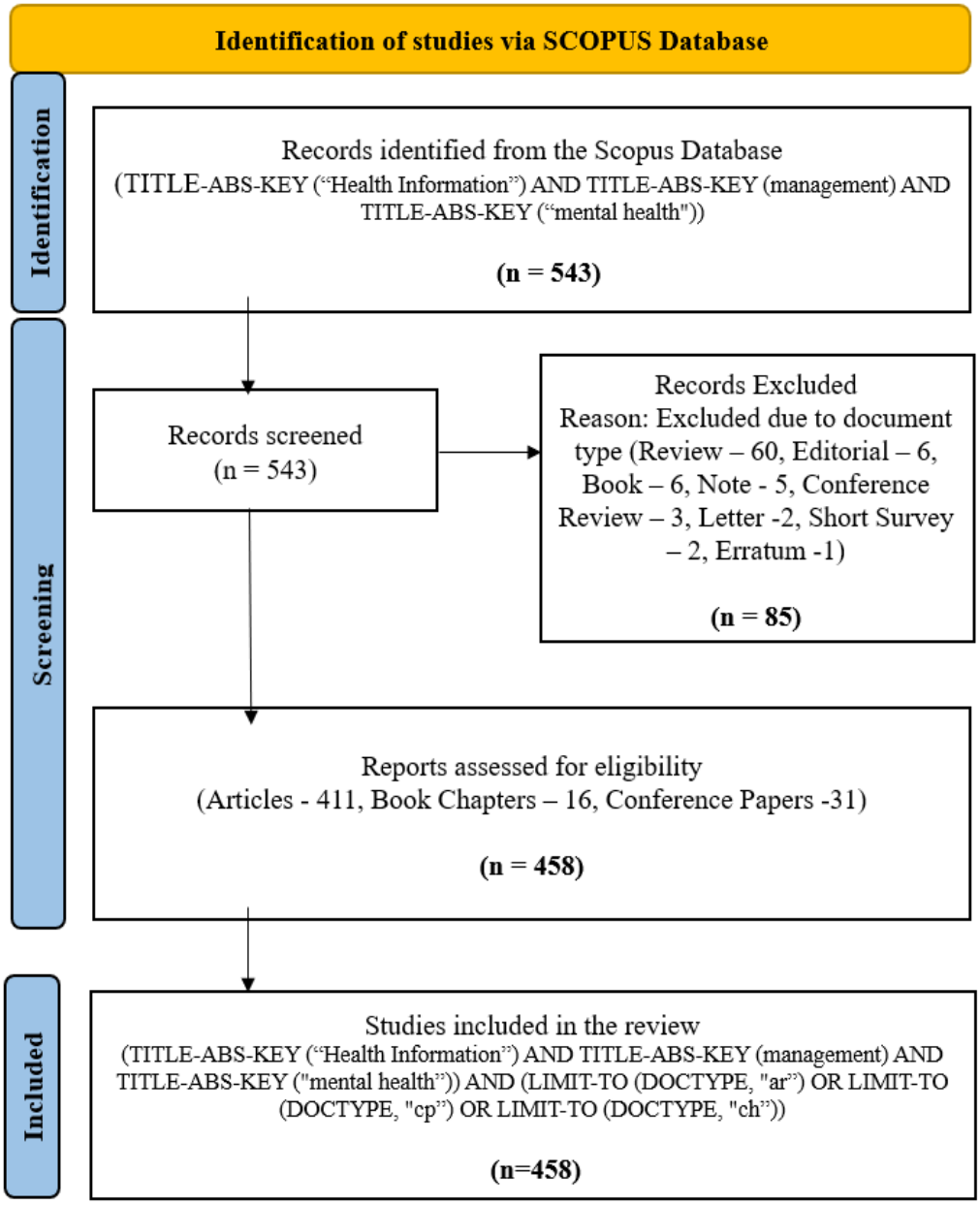

Figure 1. PRISMA flow diagram used to identify, screen, and include papers in the bibliometric analysis

Scopus was chosen as this study's primary bibliographical data source because it covers a broader range of quality journals than other databases.[26,27,28] Authors retrieve bibliographic data using a search query such as (TITLE-ABS-KEY ("Health Information") AND TITLE-ABS-KEY (management) AND TITLE-ABS-KEY ("mental health")). There were no restrictions on language; only journal articles, conference papers, and book chapters were included in our selection.

A total of 458 documents were gathered from 313 different sources, spanning the years 1970 to July 2025. Figure 1 demonstrates the PRISMA approach used to select papers for the bibliometric analysis. This method consists of three phases, during which we first identify and extract the relevant data for analysis from the databases.[29] Authors excluded Reviews, Editorials, Books, Notes, Letters and Short Surveys in the second phase. Documents included are Articles, Conference papers, and Book chapters. The findings were stored as "CSV" and RIS files, and bibliometric analysis was performed on the data using CiteSpace version 6.2.R3 (Advanced), VOSviewer and Bibloshiny software.

In this study, the universe consisted of all publications on Health Information Management (HIM) in mental health indexed in Scopus, while the study population was represented by the 458 documents retrieved from 313 sources. The variables analyzed included descriptive indicators (publication trends, annual growth rate, sources), authorship indicators (co-authorship patterns, institutional and country collaboration), citation indicators (most cited authors, documents, and journals), and thematic indicators (keyword co-occurrence, thematic evolution, and research frontiers). As the analysis relied solely on secondary data from Scopus, no human participants or sensitive personal data were involved, and therefore no ethical approval was required.

RESULTS

Table 1 provides a comprehensive overview of the main bibliometric characteristics of the dataset on Health Information Management and Mental Health research between 1970 and 2025. The dataset consists of 458 documents published across 313 sources, reflecting steady growth at an annual rate of 7 %. On average, documents are 8,2 years old, with each receiving around 15,91 citations. The reference base was substantial, with 16 668 citations, supported by 2875 Keywords Plus and 1175 author keywords that demonstrate the breadth of thematic coverage. Authorship patterns show strong collaboration, with 2343 authors contributing, of whom only 51 produced single-authored works; this aligns with the relatively low count of 54 single-authored documents compared to the average of 5,46 co-authors per paper. International collaborations account for 18,78 % of publications. In terms of document types, journal articles dominate with 411 publications, while book chapters (16) and conference papers (31) make smaller contributions.

Table 1. Primary information of the investigation

Description	Results
Main information about data	
Timespan	1970:2025
Sources (Journals, Books, etc)	313
Documents	458
Annual growth rate %	7,12
Document average age	8,2
Average citations per doc	15,91
References	16 668
Document contents	
Keywords plus (id)	2875
Author's keywords (de)	1175
Authors	
Authors	2343
Authors of single-authored docs	51
Authors collaboration	
Single-authored docs	54
Co-Authors per Doc	5,46
International co-authorships %	18,78
Document types	
Article	411
Book chapter	16
Conference paper	31

Annual Scientific Productions

Figure 2, illustrates a gradual and then exponential growth in research output on Health Information Management and Mental Health. The early decades (1970–2000) were characterized by very low and sporadic publication activity, with most years producing between zero and two articles. From 2001 to 2008, a slight increase is noticeable, with annual publications ranging between two and six articles. A significant upward shift occurred from 2009 onward, with double-digit outputs becoming common, as seen in 2009 (14 articles), 2010 (10), and 2012–2014 where publications consistently surpassed 10. The period from 2015 onwards marks a phase of rapid expansion, with a steep rise reaching 28 in 2016, 34 in 2020, and a peak of 47 publications in 2024. Even in 2025 (till July), 44 articles have already been published.

Figure 2. Publications trends from 1970 to 2025

Most Relevant Authors

Figure 2 displays the most relevant authors contributing to the research, based on the number of published documents. Lund, C. leads with the highest number of publications, followed closely by Semrau, M., Shidhaye, R., and Thornicroft, G., each having comparable output. Upadhaya, N. has slightly fewer publications than the leaders but still ranks prominently. Other notable contributors include Abdulmalik, J., Ahuja, S., Alves, D., Davenport, T.A., and Gureje, O., all of whom demonstrate consistent scholarly activity in this field.

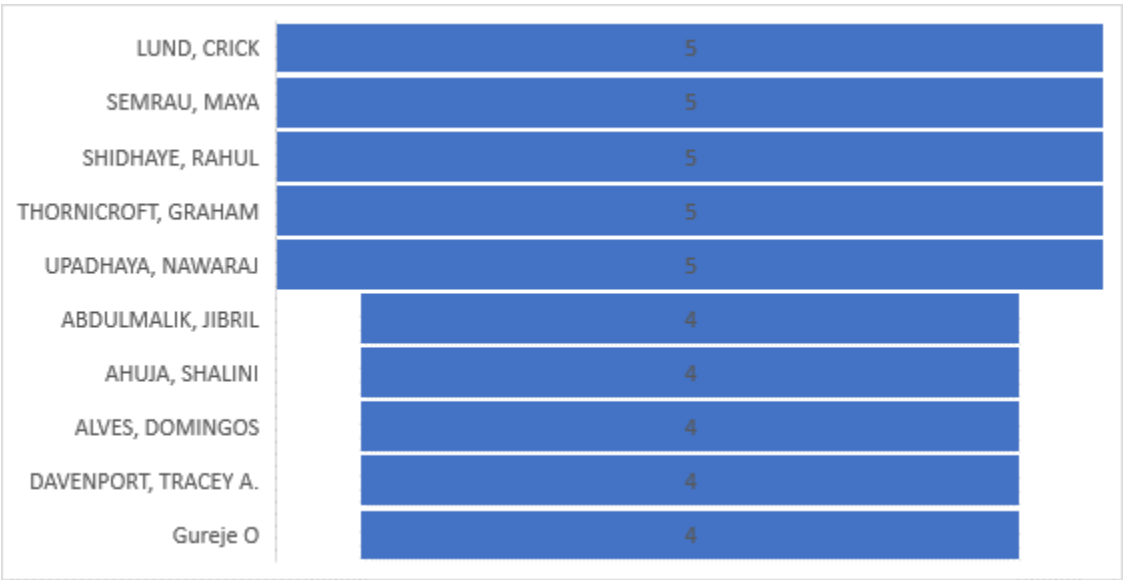

Figure 3. Most relevant authors

Most Globally Cited Documents

Table 2 presents the most globally cited documents, ranked by total citations (TC). The top-cited paper was Anderson CL, 2011, published in Information Systems Research, with 450 total citations, an impressive 30 citations per year, and a normalized TC of 5,45. Jorm AF, 2010, from BMC Psychiatry, followed with 237 citations and a TC per year of 14,81. Thomson MS, 2015, in Journal of Immigrant and Minority Health, ranked third with 151 citations. Other notable papers, such as Weaver III JB, 2010, in American Journal of Public Health, and Hickie IB, 2019, in Medical Journal of Australia, highlighted diverse topics ranging from public health to healthcare delivery innovations. The table underscores the breadth of research themes and the influence of foundational studies in shaping the field.

Table 2. Most globally cited documents

Paper	DOI	Total Citations	TC per Year	Normalized TC
ANDERSON CL, 2011, INF SYST RES	10.1287/isre.1100.0335	450	30,00	5,45
JORM AF, 2010, BMC PSYCHIATRY	10.1186/1471-244X-10-51	237	14,81	4,20
THOMSON MS, 2015, J IMMIGR MINOR HEALTH	10.1007/s10903-015-0175-3	151	13,73	5,18
WEAVER III JB, 2010, AM J PUBLIC HEALTH	10.2105/AJPH.2009.180521	147	9,19	2,61
JORDANS,2015,BUNDESGESUNDBLATT GESUNDFORSCHUNG GESUNDSCHUTZ	10.1007/s00103-015-2200-z	145	13,18	4,97
CONRAD P, 2014, SOC SCI MED	10.1016/j.socscimed.2014.10.019	125	10,42	4,94
CIFUENTES M, 2015, J AM BOARD FAM MED	10.3122/jabfm.2015.S1.150133	117	10,64	4,01
STEELE JS, 2008, PEDIATRICS	10.1542/peds.2008-0360	116	6,44	4,07
HICKIE IB, 2019, MED J AUST	10.5694/mja2.50383	112	16,00	5,46
HOAGWOOD KE, 2014, J CLIN CHILD ADOLESC PSYCHOL	10.1080/15374416.2013.869749	99	8,25	3,91

Network Visualization of Co-Citation of Cited Author

The co-citation network in figure 4 shows a strong academic debate based on the interrelations between highly cited authors and topics. Among 28,068, 36 authors reached the threshold level of citations of at least 20, creating a network of 36 items and 66 clusters. Clusters reflect the main contributors such as Jorm A.F. and Christensen H. red cluster, who were renowned experts in the field of mental health literacy and digital mental health interventions, and Patel V. and Lund C. of the green cluster, whose main research interests have been global mental health, and the place of HIM in addressing disparities in low- and middle-income countries. Similarly, Kroenke K. and Lowe B. The yellow cluster outweighs in developing the mental health screening tools, such as PHQ-9 and GAD-7, focusing on how he influences clinical practices.

Authors such as Unutzer J. and Kessler R.C. discuss a very integrated structure of EHRs, telepsychiatry, and AI-driven tools in their works on how mental health care is delivered. Overall, themes that emerge reflect HIM's major role in driving modernization: digital transformation in mental health and community-based, evidence-based practices. The network also points to emerging trends, such as the ethical challenges of data privacy and the potential for HIM to address global mental health disparities.

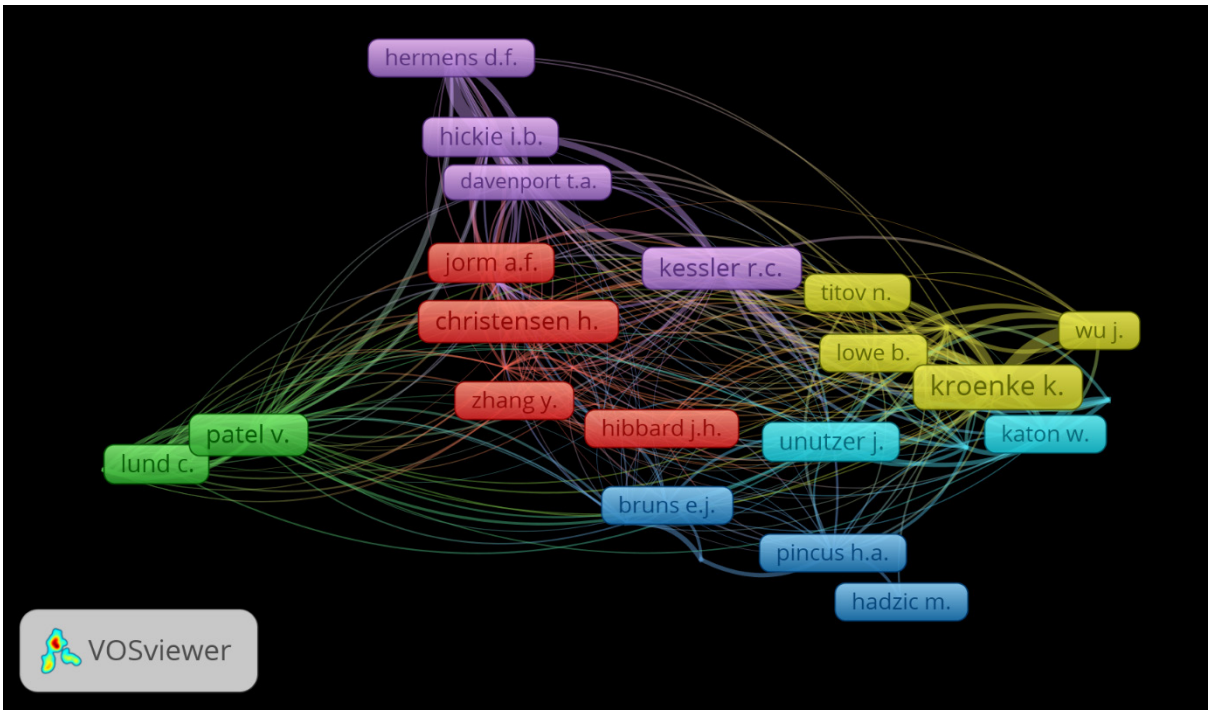

Figure 4. Network Visualization of Co-Citation of Cited Author

Most Relevant Sources

Table 3 highlights the most relevant sources contributing to research on Health Information Management and Mental Health, revealing a strong interdisciplinary orientation. The International Journal of Environmental Research and Public Health led with 17 articles. The Journal of Medical Internet Research followed closely with 14 publications, reflecting the influence of digital health, telemedicine, and e-mental health innovations. Specialized outlets such as BMC Health Services Research with 9 articles and Studies in Health Technology and Informatics with 8 articles demonstrated the integration of health service delivery and technological advances within the field. General open-access journals like BMJ Open and PLOS One with 6 articles each provided broad dissemination platforms, while Psychiatric Services with 6 articles emphasized the clinical and policy dimensions of mental health services. Additionally, the International Journal of Mental Health Systems and Patient Education and Counselling, with 5 articles each, reflected system-level and patient-centred perspectives, while BMC Psychiatry, with 4 articles, strengthened the psychiatric research base.

Table 3. Most relevant sources

Sources	Articles
International Journal of Environmental Research and Public Health	17
Journal of Medical Internet Research	14
BMC Health Services Research	9
Studies in Health Technology and Informatics	8
BMJ Open	6
PLOS One	6
Psychiatric Services	6
International Journal of Mental Health Systems	5
Patient Education and Counseling	5
BMC Psychiatry	4

Timezone Network Visualization of Co-citation of Cited Journals

Figure 5 presents a timezone network visualization of co-citation of cited journals, highlighting 11 clusters, each representing a unique thematic focus within Health Information Management (HIM) and Mental Health Care. Cluster #0: Technology Adaptation Process, the largest with 89 members and a silhouette value of 0,68, focuses on the role of technology in mental health systems. Key articles emphasize the adaptation of electronic health records and digital tools to optimize mental health care delivery. Similarly, Cluster #1: Process Evaluation (84 members, silhouette value of 0,765) explored personalized, measurement-based care models. Articles emphasized the importance of evaluating health-related apps and personalized interventions to enhance youth mental health services.

Cluster #2 Health Literacy is a cluster that contains 63 members with a silhouette value of 0,711, which pointed out how health literacy might impact mental health outcomes, with particular references to such studies, highlighted the role in improving self-rated health and reducing psychological distress. Cluster #3 Online Social Support (61 members with a silhouette value of 0,67) had to do with the ways through which online communities and social networks can offer support in the self-management of mental health. Works like Tapuria 2021 and Guo 2024 reported positive results regarding electronic health record access and online social support systems. On the other hand, Cluster #4: Study Design was constituted of 59 members with a silhouette value of 0,76, and this cluster discusses study designs related to investigating mental health interventions. Trial designs and the globalization of medicalized disorder categories such as ADHD.

Clusters targeting specific mental health delivery aspects include Cluster #5: Mental Health Delivery Setting (53 members, silhouette value of 0,766), which emphasized confidentiality and organizational challenges in mental health care settings. A study discussed knowledge exchange and performance measurement in mental health delivery. Cluster #6: Integrated Health Information Systems (41 members, silhouette value of 0,978) examined assessment tools like Resident Assessment Instruments for system integration. Additionally, Cluster #7: Parent (24 members, silhouette value of 0,939) highlighted parental roles in accessing mental health information for children. Finally, niche research areas emerged in smaller clusters. Cluster #8: Urban African Psychological Service (20 members, silhouette value of 0,97) focused on mental health systems in African urban contexts, Cluster #9: Total Wellbeing Puzzle (11 members, silhouette value of 0,997) emphasized holistic mental health management using multi-agent systems, as proposed by Hadzic. Cluster #10: Mental Health Information Need (8 members, silhouette value of 0,965) highlighted gaps in information access for mental health patients and caregivers, with exploring caseworkers' information needs.

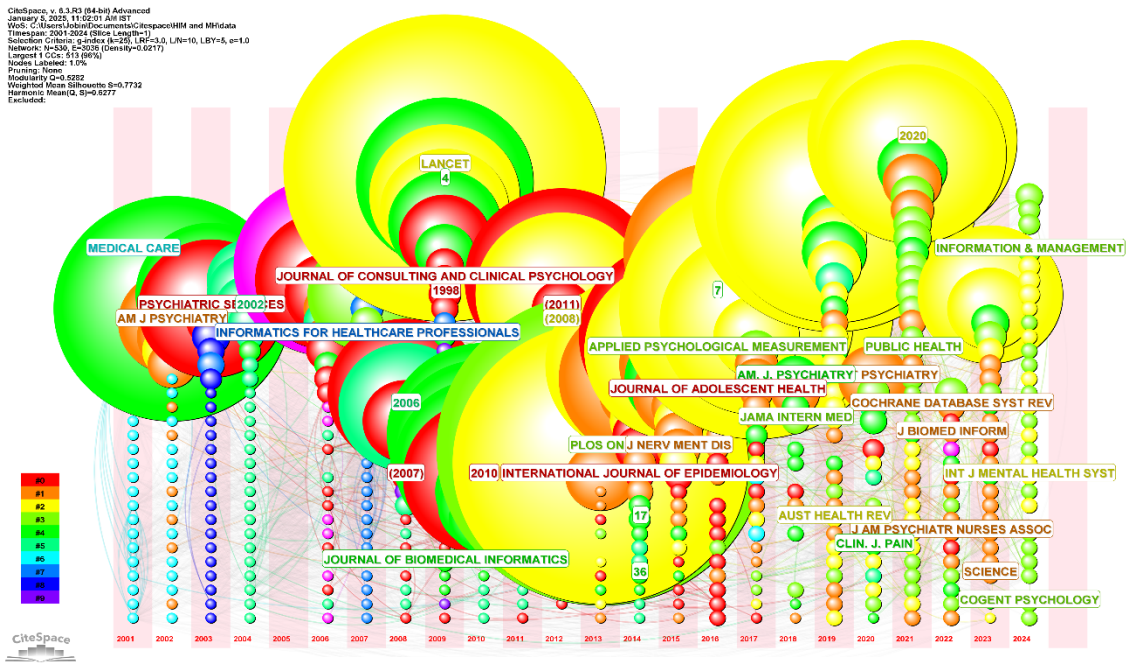

Figure 5. Timezone Network visualization of co-citation of cited journals

Countries Scientific Productions

Figure 6 illustrates the scientific production of various countries in the realm of research. The United States led by a significant margin, contributing the highest number of documents. Australia followed as the second most active contributor. China, the United Kingdom, and Canada ranked next. Emerging contributors included India, Netherlands, South Africa, Switzerland, and Brazil.

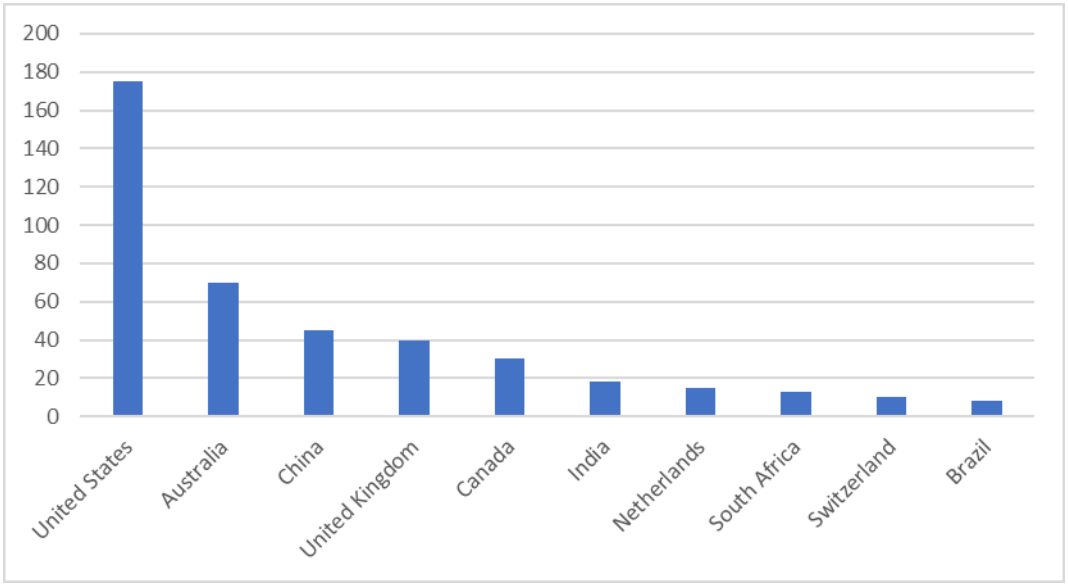

Figure 6. Countries Scientific Productions

Timeline Network Visualization of Countries Collaboration

Timeline network visualization of country collaborations in figure 7 illustrated global academic collaboration and is divided into five clusters. Cluster #0: Delphi Study, the largest with 17 members (silhouette value: 0,911), focused on evaluating health systems and quality metrics for electronic health records (EHR). Countries like the United States (159 citations) and China (42 citations) dominated this cluster, contributing significantly to advancements in health information systems. Cluster #1: Pregnancy Care, with 14 members (silhouette value: 0,929), centered on integrating technology and data collection in maternal and newborn care. Countries such as Canada (26 citations), Italy (8 citations), and Brazil (7 citations) played key roles in advancing this research area.

Cluster #2: Systematic Review (14 members, silhouette value: 0,938) focused on developing indicators for mental healthcare coverage and scaling primary mental health in low- and middle-income countries. The United

Kingdom (35 citations), Netherlands (12 citations), and Germany (8 citations) were prominent contributors to this cluster. Cluster #3: Information System (12 members, silhouette value: 0,898) explored the implementation of mental health indicators within health information systems, emphasizing low- and middle-income settings. Countries such as India (15 citations), South Africa (12 citations), and Switzerland (10 citations) led in this area. Lastly, Cluster #4: Chronic Kidney Disease (11 members, silhouette value: 0,823) focused on developing self-management e-health tools for chronic conditions. Australia (58 citations) was the dominant country in this cluster, with notable contributions from Iran, Singapore, and Ireland.

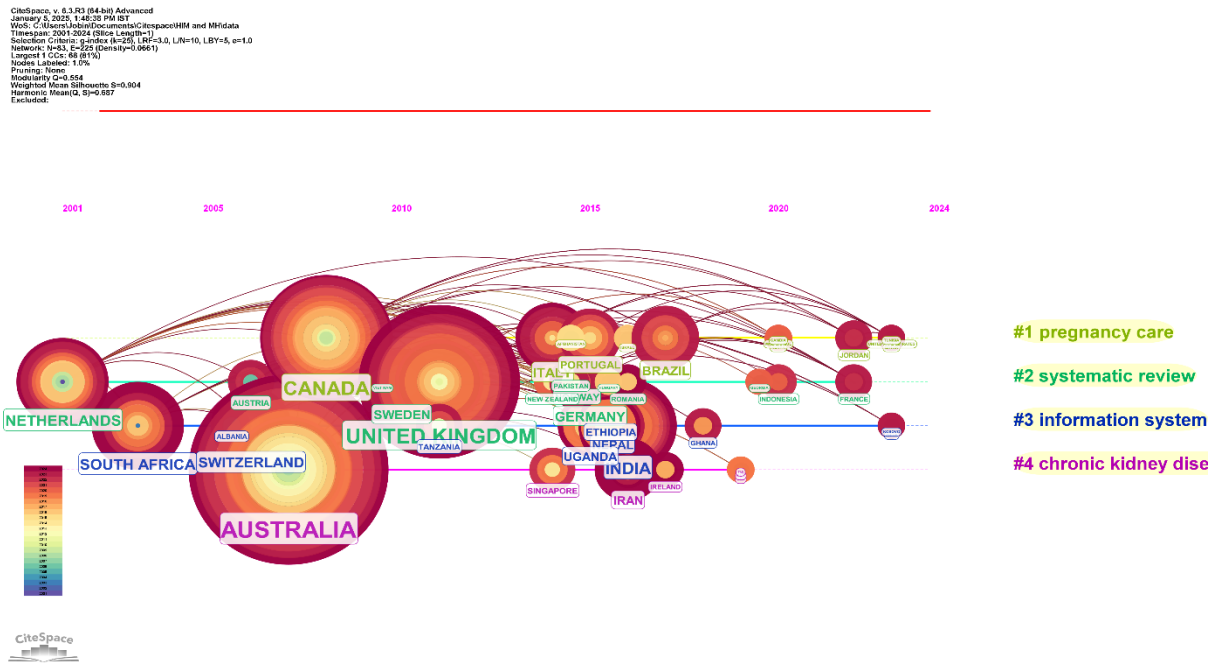

Figure 7. Timeline network visualization of countries collaborations

Co-occurrence of all keywords

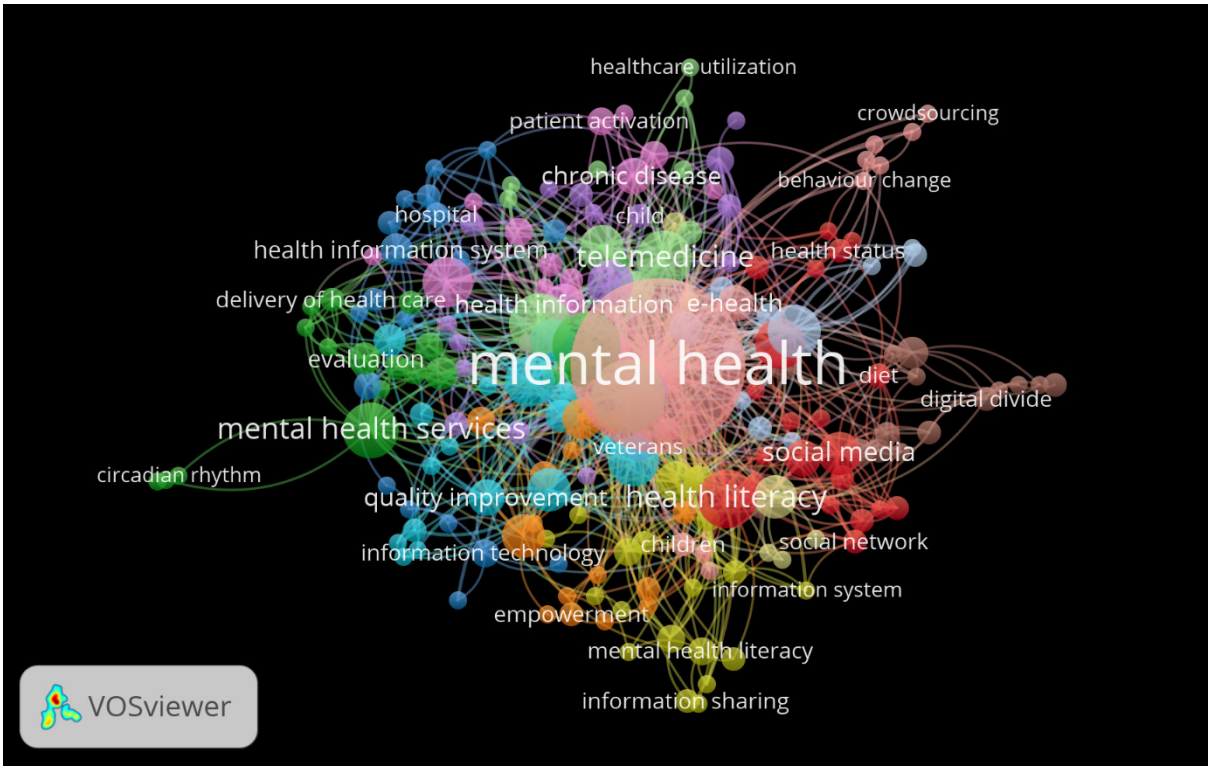

Figure 8. Co-occurrence of author keywords

The co-occurrence network in figure 8 illustrates the interrelations between key terms in the domain of Health Information Management (HIM) and Mental Health Care. Out of 1 032 keywords, 202 exceeded the minimum occurrence threshold of two in forming, with a network comprising 201 nodes divided into 13 clusters, each represented by different colours and sizes. These clusters mean the thematic areas of research and their linkage, thus providing views on key focus areas and emerging trends within the scope of the research field. Cluster 1 comprised 21 items and contains core terms such as “mental health services” and “health information systems,” giving meaning to the core aspects of HIM while dealing with mental health data. The other eminent cluster was Cluster 2, numbering 19 items, focusing on “telemedicine” and “e-health,” while Cluster 5, with 18 items. The themes under Cluster 5 involved “social media” and “digital divide”. Smaller clusters, such as Cluster 13 with 6 items, are focused on very specific areas like “circadian rhythm” and, therefore, might point to research on biological and behavioral linkages.

Trend Topics

Figure 9 presents trending topics of research in the field from 2010 to 2024. Circle size reflects term frequency. Early years of research are dominated by foundational topics such as “collaborative care”, “mental health services”, and “evaluation”. Notice, around 2014, the emerging terms were health information technology, medical informatics, and quality improvement. Since 2018, the tendency went to more detailed and application-based terms: “telemedicine,” “telehealth,” “mobile health,” and “eHealth.” Also, terms like “self-management,” “primary health care,” and “health literacy” indicate a tendency toward more empowering patients and making mental health services more accessible.

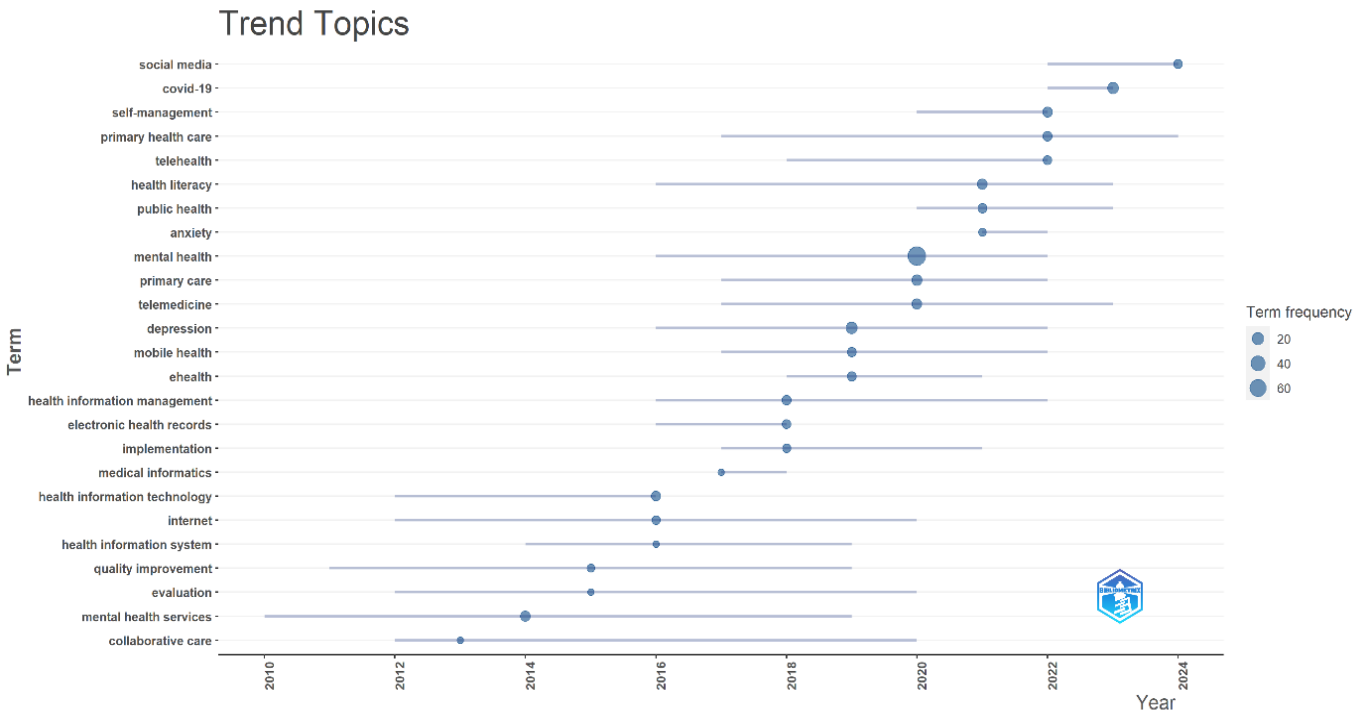

Figure 9. Visualization trending topics in the realm of research

Thematic Map

Figure 10 presents the thematic map of research in HIM and Mental Health Care, where a classification of topics is made by their development degree (density) and relevance degree (centrality). The subjects COVID-19, mental health services, health information management fall into a quadrant to the right with high centrality and well-developed themes, proving to be really critical drivers within the area under study.

The bottom-right quadrant, with Basic Themes, included the so-called ‘big’ themes: basic themes, widely studied and representative of core issues such as mental health, depression, and primary care. The top left quadrant, comprised of Niche Themes, hold specialized topics that include such as health information systems, health informatics, prevention, and public health. The lower left quadrant, on the other hand, comprises those Emerging or in Decline; these include the themes of schizophrenia, health literacy, and consumer health information.

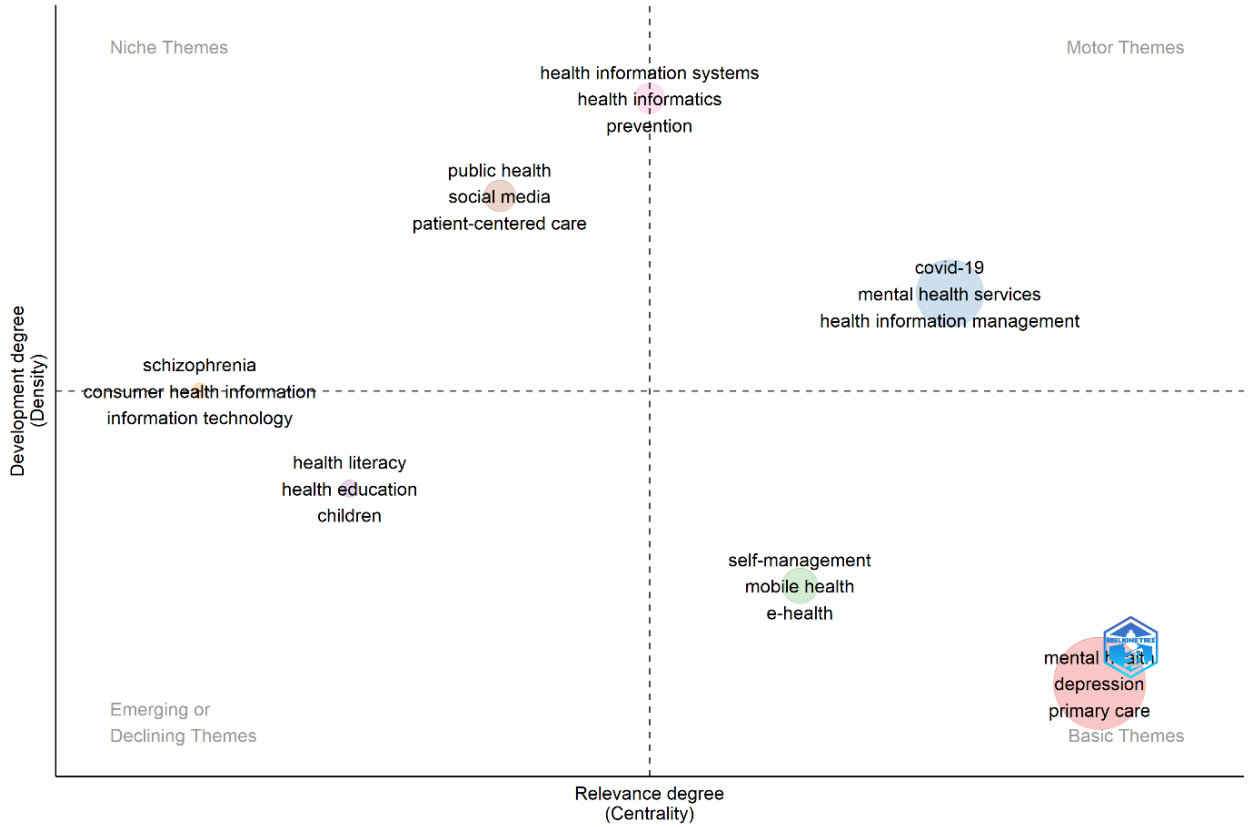

Figure 10. Thematic visualization of keywords

DISCUSSION

The bibliometric analysis of Health Information Management (HIM) and mental health care systems revealed significant growth in publications, with research expanding notably since 2009. The annual growth rate highlights increasing scholarly attention toward leveraging HIM technologies for mental health challenges. Prominent themes include the integration of electronic health records (EHR), telemedicine, and data-driven interventions to enhance mental health services. Collaboration was evident in the co-authorship patterns, underscoring the multidisciplinary nature of this research area. Key contributors, such as Lund, Semrau, and Thornicroft, have significantly shaped the field, focusing on global mental health disparities and digital health innovations.

The co-citation analysis showcased 11 research clusters, each representing unique thematic contributions. Cluster #0, focusing on technology adaptation processes, emphasizes optimizing EHRs for mental health. Cluster #1 highlights process evaluations, specifically personalized and measurement-based care models for youth. Other notable clusters include health literacy (Cluster #2) and online social support (Cluster #3), both reflected the increasing reliance on digital platforms to address mental health challenges. The clusters collectively emphasized HIM's role in improving service delivery, enhancing patient engagement, and promoting data-informed clinical decisions.

The timeline network of global collaborations revealed five distinct clusters, with the United States and China leading efforts in Delphi studies and systematic reviews. Canada and Australia have also made substantial contributions, particularly in pregnancy care and chronic disease management through e-health tools. The co-occurrence analysis of keywords identified telemedicine, mental health literacy, and digital health as growing research areas, underscoring the shift toward technology-driven solutions in mental health care. Emerging topics like COVID-19 and social media further reflect recent global health crises influencing research priorities.

Despite these advancements, research gaps remain. Key issues include a lack of standardized HIM practices across countries and inadequate integration of HIM tools in low- and middle-income settings. Privacy concerns and limited access to digital technologies in underserved regions also pose challenges. Addressing these gaps will require stronger international collaborations, policy standardization, and increased investments in HIM infrastructure. Practical implications involve the broader adoption of HIM tools to improve patient-centered care, reduce disparities, and enable real-time mental health interventions.

The results from thematic analysis and the research trend point toward the transformative potential of HIM in mental health service. Beyond foundational topics found within this area, such as mental health services and depression, it would seem that digital health and telemedicine are promising avenues where emerging trends

can be located. Future studies should concentrate on how best to address global disparities, cybersecurity challenges, and culturally adaptable HIM systems that help to sustain the interest of HIM toward improvement in health outcomes and increased health equity across the globe.

Comparable findings have been reported in prior bibliometric studies. For instance, Armaou[30] mapped research trends in digital mental health interventions and observed a sharp rise in publications after 2010, with telehealth and mobile health emerging as central themes, which parallels our results. Similarly, Wang et al.[31] identified COVID-19 as a major driver of mental health research output, consistent with our detection of pandemic-related themes in HIM literature . Ellis et al.[32] emphasized the role of e-mental health solutions during the pandemic, highlighting privacy and implementation challenges that mirror the gaps we identified. Beyond the COVID-19 context, Moitra et al.[33] underscored persistent global disparities in mental health research, noting a concentration of evidence in high-income countries—an imbalance also evident in our dataset. Collectively, these studies validate our findings by confirming international consensus on the accelerating role of digitalization, the influence of global crises, and the ongoing challenge of addressing inequities in HIM-driven mental health care.

CONCLUSIONS

This bibliometric study set out to examine the evolution and intellectual structure of research on Health Information Management (HIM) in mental health care. The mapping confirms that HIM has become more than a technical process of record-keeping; it is now a strategic enabler of patient-centered and evidence-informed mental health systems. The study shows that HIM provides a unifying framework for integrating digital tools, promoting multidisciplinary collaboration, and informing policy development. At a conceptual level, HIM emerges as a bridge between clinical practice, technology, and governance, shaping how mental health care is organized and delivered globally. The insights derived from this mapping point to the need for harmonized standards, ethically grounded data practices, and culturally responsive innovations. Ultimately, the study affirms HIM as a transformative force with the potential to reduce inequities, strengthen systems, and contribute to sustainable improvements in global mental health.

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