THE DICHOTOMIES WITHIN E-MENTAL HEALTH RESEARCH

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THE DICHOTOMIES WITHIN E-MENTAL HEALTH RESEARCH

• Usage of technology
  • Why go online?
  • How is technology used?
• Expansion of existing services
INTRODUCTION

• People are using technology for wellbeing

• The dichotomies exist because of our definitions and are actually a duality

• E-mental health should be considered as an expansion of current services

• Research should focus on the duality and accept the existing uses alongside the possible uses
PEOPLE USE TECHNOLOGY FOR HEALTH

• Social Media

  • “Social media ‘likes’ healthcare” PWC Research 2012 (US)
    • 90% would engage with health activities or trust information on social media
    • 80% of 18-24 yr olds likely to share their personal health info on social media
PEOPLE USE TECHNOLOGY FOR HEALTH

- Search Engines
  - PewResearch Internet Project 2012 (US) - 72% overall
  - Ofcom Adults’ Media Use and Attitudes Report 2014 (UK) - 37% overall
  - “European citizens' use of E-health services: A study of seven countries” 2007 - 44% overall
  - “Internet use and seeking health information online in Ireland” 2009 - 49.2% or 28.5% overall
  - more recent survey “Dr internet – patients need proper guidance” 2013 (Ire) - 76.5% overall
PEOPLE USE TECHNOLOGY FOR HEALTH

- Forums
- Symptom Trackers
- Specialist Websites
- Apps
- Wearables and sensors
WHY DO PEOPLE USE TECHNOLOGY?

Example 1 - Eating Disorders

- Dissatisfaction with services (Chung, 2013), finding information, feeling supported, maintaining relationships with others, affecting behaviour, sharing experiences, learning to talk to others about condition (Ziebland & Wyke, 2012), inclusion, last resort, first step to accessing help (Pretorius et al, 2010), reading personal stories, enjoyment, information seeking, helping (oneself and others) and communicating with others with similar experiences (Aardoom et al, 2014).

- Information about what? Supported how? Affecting what behaviours? Talking with others about what in particular?
Healthy living blogs can have dysfunctional eating and body image content (Boepple & Thompson, 2014).

‘Thinspiration’ and the presence of pro-ED websites which may encourage destructive behaviours (Peebles et al., 2012).

Difficulty of understanding or accessing pro-ED websites (Casilli, Tubaro, & Araya, 2012).
WHY DO PEOPLE USE TECHNOLOGY?
Example 1 - Eating Disorders

• Only a small minority of those with a diagnosable Eating Disorder get treatment (Hoek & van Hoeken, 2003)

• Many individuals find that it is only when they are considered ‘critical’ that they get the help they need meaning they turn elsewhere for support. This does not mean they replace offline social networks or professionals with online (Tubarao and Mounier, 2014)

• Technology based interventions can access those who need support, provide prevention of relapse and be effective in delivering interventions (Aardoom et al, 2014; Bauer & Moessner, 2013)
THE DICHOTOMIES BECOME A DUALITY
HOW IS TECHNOLOGY USED?

Example 2 - Anxiety and Depression

• To help motivate individuals in self-management (e.g. Serious Games) and adherence (e.g. SMS)

• To access real time data and provide targeted help (e.g. PSYCHE - Personalised monitoring SYstems for Care in mental HEalth, Javelot et al 2014)

• To connect individuals who can share experiences and give support at the time that it is needed (e.g. Internet Support Groups, Griffiths et al 2012)
HOW IS TECHNOLOGY USED?

Example 2 - Anxiety and Depression

- Internet Gaming Disorder - addiction to games added to DSM5 as warranting further research. Notification overload.

- Insidious tracking and advertising (Burkell & Fortier, 2013), comfort, informed consent (Javelot et al, 2014; Mayora et al, 2013)

- The Online Disinhibition Effect (Suler, 2004)
HOW IS TECHNOLOGY USED?

Example 2 - Anxiety and Depression

• SPARX is a New Zealand game that helps teens learn coping skills for depression - engaging for many (Merry et al, 2012) but addictive?

• Seems to be no relation between thinking oneself ‘informed’ and actual knowledge (Sepucha et al, 2010) but access to other’s experiences and online information mean possibility to improve knowledge.

• Need to educate on insidious tracking and more research into HCI and mental health (areas like therapeutic alliance, etc)

• ODE may lead to more disclosure through online therapy services and forums, may in some cases lead to positive (Beattie et al, 2009) and in others may lead to negative (Daine et al, 2013)
THE DICHOTOMIES BECOME A DUALITY
PURPOSES OF E-MENTAL HEALTH

• Recovery?
• Engagement?
• Access?
• Wellbeing?
• Self-management?
• Skills training?
• Empowerment?
• Alleviation of pressures on healthcare services?
EXAMPLE 3 - EXPANSION OF SERVICES

- Delivery - real time, use of motivational techniques, adherence
- Accuracy - behavioural patterns
- Identification - whole person
- Comprehension - more information
- Automation - risk management
- Accessibility - those who fall through the gap
EXAMPLE 3 - EXPANSION OF SERVICES

- Delivery - difficulties with definitions, adherence, addiction
- Accuracy - problems of big data
- Identification - stigma
- Comprehension - difficult to ensure
- Automation - alliance difficult
- Accessibility - sociodemographic gaps
PATHWAY THROUGH AN IAPT SERVICE

Sources:

For every 600 people in the UK with anxiety or depression in a single yearly quarter
PERTINENT DATA

• 2.4% of people with anxiety or depression were referred in a single yearly quarter.

• 40% of people referred make it through the service, i.e. they have a pre and post measure

• A third of those will not ‘recover’ either because they were already below caseness or they remain above caseness at the end of therapy
THE GAP IN THE RESEARCH

- Estimates of between 52% and 74% of people in Europe with mental disorders not receiving treatment (Clement et al, 2014)

- Barriers that exist often revolve around stigma but also findings suggest 3/5 want to deal with it themselves (Andrade et al, 2014)
THE DICHOTOMIES BECOME A DUALITY
CONCLUSION

• Many of the caveats are also exactly where the potentials of e-mental health lie

• Rather than isolating e-mental health as different to mental health there needs to be an understanding that it is an expansion

• The duality of the individual and the expansion of services must be understood within research