Stafræn geðheilbrigðisþjónusta í framkvæmd

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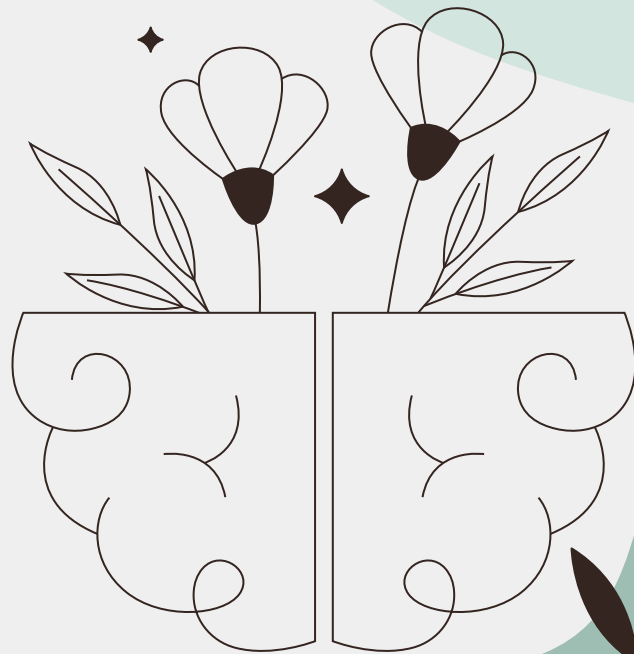
Giving away the answer before we start

This research shows that when we grant patients **access to their own health data** and open the possibility for them to engage with it on their own terms, **we promote patient flourishing.** On the negative side, patients collecting their own health data is **work** for them, can be **harming**, and therefore requires caution

Problem outline

1

Waiting lists in mental healthcare are **too long.**

2

Worldwide, mental healthcare bears more than **30% of the overall disease burden** while getting less than 10% of the total healthcare budget.

3

One way to counteract long waiting lists and scarce resources is to direct people who receive mental healthcare towards more **self-care**.

4

There is wide interest in using technology to support treatment for mental disorders, but there is a need to understand **how that should function.**

5

More awareness of mental health can impact patient numbers. We are growing older, as a population, **we need to be prepared to assist more and more people.**

Introduction

- Mental health bears **one-third of the overall burden of disease.** At the same time, the government's allocation for mental health is **way less**.

- **Living with technology** has become a defining feature of everyone's life. Finding the best way to **navigate** that, especially for people who are **affected by a mental disorder**, is relevant and timely.

- In this presentation, **I offer touchpoints** to digital mental health *supporting ongoing treatment.*

Method
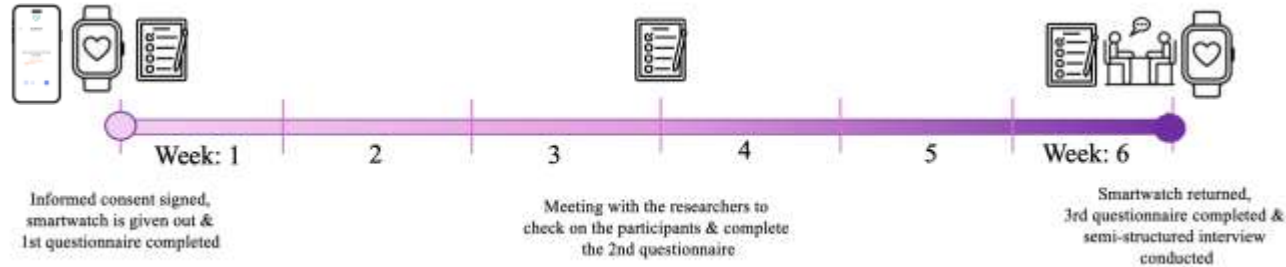
- Patients included in the study were from **two patient groups**:

  - Laugarás.

  - Bipolar team.

- Design and development of **DataWell platform and app**.
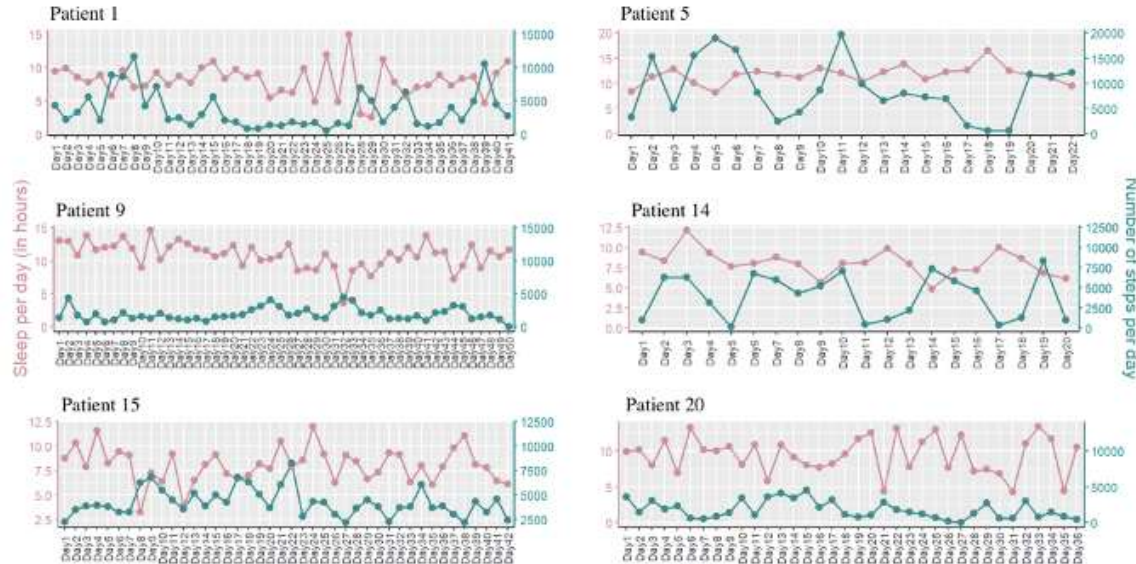
- Seven amazing teams of 21 students.
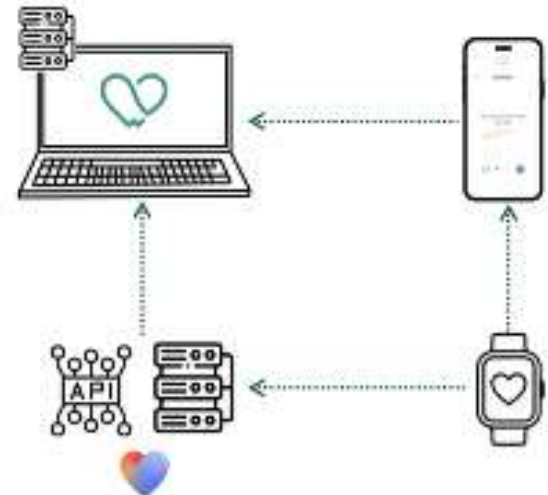
Questions in a mobile app

'How well do the following statements apply to your day?'

- 'I was successful in achieving my goals'
- 'My mental wellbeing was positive'
- 'My physical wellbeing was good'
- 'I experienced little stress'
- 'My exercise today was good'
- 'I slept well last night'.
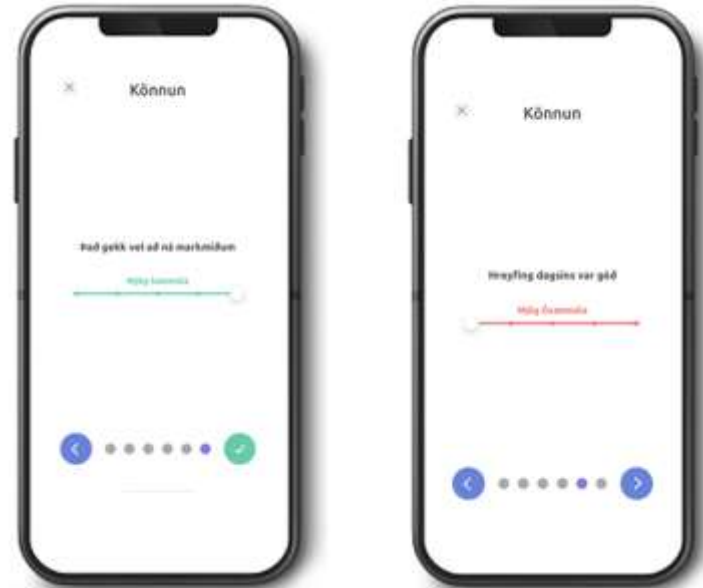
Sleeping and movement trends

Interviews with participants

1 **Comfort** with data sharing:
"It's good that healthcare professionals have access to the data because they're just trying to help you."

2 **Empowerment** through self-monitoring:
"Seeing your own health data is a good feeling."
"It encourages you to see an overview of the steps."

3 **User patterns** of the wearables varied:
"I'm going to bed at the right time now."
"It was really new to me because I have not worn anything like this before."

4 Importance of **inclusive communication**:
One patient expressed appreciation for the phrasing of the questions in the app, stating that the questions were inclusive and that they addressed them as a "thinking human being" and not a "7 year old" or "someone stupid."

Interviews with participants

5

The body and the wearable can become **entangled** curating somatic experiences that are **unique**.

"I just thought this was a positive period, and you know, I didn't think it was uncomfortable even though it was for a long time. I am, in fact, considering buying a smartwatch myself."

"…this is just an added convenience in day-to-day life. Little things like that that just save time or are just so convenient."

6

Living with technology can have **overt and covert** impact on decision-making

"I just found it quite comfortable to wear it, you know, to be mindful of your sleep. […], it was convenient to be able to just go to the app and see how long you slept. So, I sometimes said to myself: okay that's enough sleep for now, gotta get up."

"It was great to have the watch. I started to be more mindful about my sleep; it's sad to get yellow [i.e., color in the data] when I've gotten a lot of green."

"Well, if I had walked 4.500 steps, it was a bit tempting to walk the last 500 steps and so on."

Interviews with participants

7

Data work with smartwatches can cause **bodily discomfort and harm**

"Look, it started rubbing me a bit, [...]. It's starting to get better now, but I had some really dry spots."
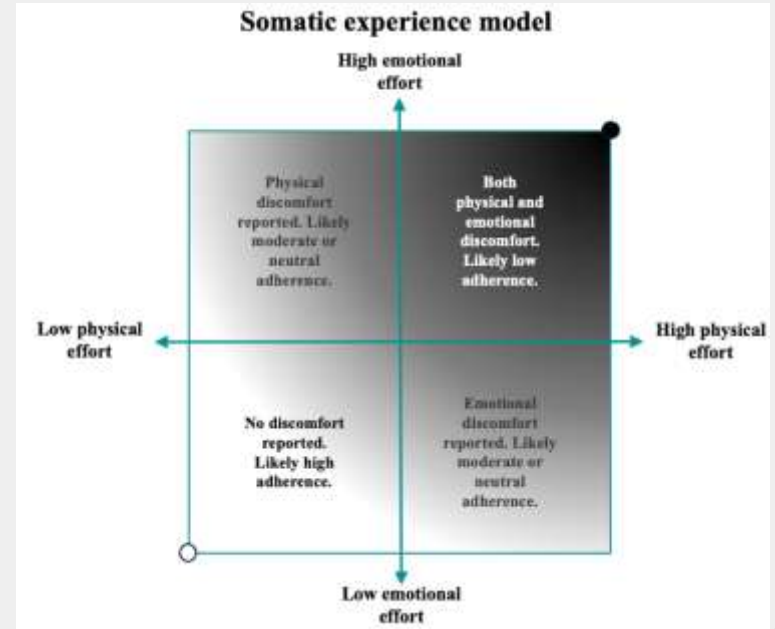
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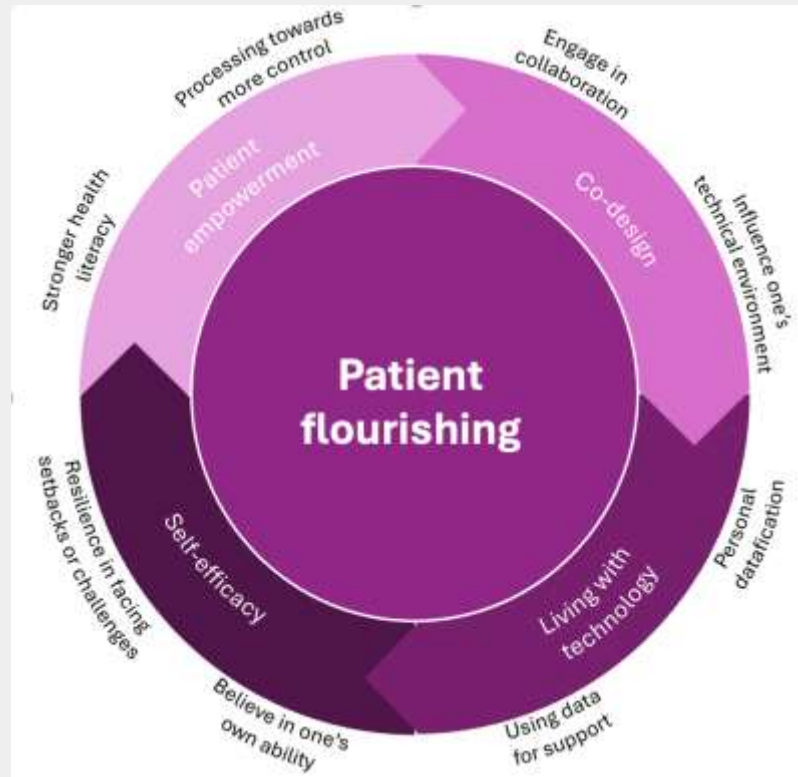Data work can trigger a feeling of **surveillance and increase paranoia**

"In the beginning like this in the first half, maybe, the first three weeks. Then I was extremely aware, it took me a long time to reach the goals and, you know, to be actively moving. Since I was being watched."

"There was a period, because I wasn't feeling well [mentally], that I knew the device would monitor it [...], I didn't feel too good about it, but I was still able to turn around the thought that the universe would come to an end because of that, but then this thought came to me that I should be doing better."

Concluding

Collecting own health data for support in treatment can **evoke difficult emotions**, both **physical and emotional**. Therefore, it's important that patients have access to **assistance and support during data collection**.

Somatic experience model

High emotional effort

Physical discomfort reported. Likely moderate or neutral adherence.

Both physical and emotional discomfort. Likely low adherence.

Low physical effort

High physical effort

No discomfort reported. Likely high adherence.

Emotional discomfort reported. Likely moderate or neutral adherence.

Low emotional effort

Workshop with healthcare professionals

Scenario 1
Clarity and information accessibility in regard to the patient's side.

Scenario 2
Efficiency and flexibility when it comes to the healthcare professional's side.

Scenario 3
A notification function in the mobile app.

Reflecting on data collection

- This PhD process was particularly data collection-heavy.
- The patients involved in the research project were open and positive.
- However, unpredictability was part of the process:
  - Missed meetings.
  - Unanswered calls.
- These are realities of working in mental health contexts and require patience, flexibility, and empathy.

Takk fyrir mig

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