Using e-mental health resources together: A qualitative study of consumer and worker experiences in community mental health practice

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Living with severe mental illness

- Living with a “disabling and usually psychotic mental illness” (Kinter, 2017).
- Disrupts employment, relationships, physical and mental health, reducing quality of life (C. Morgan et al., 2014).
- People can experience SMI as: “profoundly life altering, shattering, or turning life upside down” (Bennet et al., 2012).
- Over 63,000 Australians engage with treatment services for SMI in a 12 month period (V. A. Morgan et al., 2012).

Personal Recovery

- Rebuilding and reforging life (McCarthy-Jones et al., 2013)
- An active and individual journey; reclaiming right to a meaningful life despite SMI (Davidson et al., 2008)
- Influenced by recovery processes (Scany et al., 2011)

Mental health services in Australia

Embrace the possibility of recovery
- Emphasize self-determination and self-management

Mental health workers
- Psychiatric nurses, psychologists, OTs, social workers, peer workers, community support workers

Public sector
- Clinical services: psychiatric treatment and psychosocial support
- Community managed services: rehabilitation, recovery support

Non-government sector
- Peer supported managed services: individual, coordinated recovery support

Supporting Personal Recovery

- Self-management
- Peer support
- Recovery-oriented relationships
- Recovery-oriented working practices

Another potential avenue: E-mental health

- Web-based: websites, discussion rooms, Internet diaries
- Mobile device-based: text messaging, smartphone apps
- These provide:
  - Psychoeducation
  - Self-management tools
  - Peer support
  - Shared decision making tools
  - Health monitoring

Gaebel et al., 2016; Naslund et al., 2015
Aimed to examine how e-mental health can be used therapeutically to improve treatment and outcomes for people with SMI (Thomas et al., 2016).

SMART-Experience

Aimed to:

1. Explore how consumers and mental health workers used the SMART website
2. Explore their experiences using the website
3. Explore the impact of using an e-mental health resource on working together

Scoping review

Internet-based interventions to support recovery and self-management (Williams, Farhall, Fossey & Thomas, 2019)

Preliminary evidence that:

- They can positively influence interactions between service users and workers when they are well integrated into practice
- And can promote recovery-oriented practice

However....

- They may negatively influence interactions, leading to mistrust
- The quantity and quality of available evidence is low: more attention to the human support component of e-mental health interventions is needed

Research Method

Constructivist Grounded Theory (Charmaz, 2014)

- Focus on actions and social processes
- Purposeful and theoretical sampling
- Individual semi-structured interviews with people who used SMART
- Cycles of concurrent data collection and analysis
- Coding, memo writing, diagramming
- Consultation with people with lived experience and the research team
used SMART with a trained worker for 8 sessions
- 11 used SMART with consumers
- 4 did not find any consumers willing to join the SMART trial

SMART-Experience participants

37 Consumers
15 Workers

Worker participants
- More women
- Average age 35
- Most working in community-managed mental health services for 1 to 5 years
- Wide range in how often they used the SMART website

SMART-Experience participants

Consumer participants

- 64% women
- Average age 40
- 94% receiving government financial support
- 64% used SMART between meetings

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FINDINGS
Discovering ways to keep life on track

AIM: Explore the impact of using an e-mental health resource on working together

Choosing to use the website

Consumers choosing the focus

"I didn't want to direct it necessarily. It was really what they wanted to do and how much they wanted to get out of it rather than me just use it as another tool to sort of shove information in their faces."

Brett, worker

Sub-process 1 in 'Discovering ways to keep life on track'

"She said to me, you're free to do this and lead these sessions. If you do just want to talk for a while and not even use this website, I'm happy to do so."

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Brett, worker
"Hearing those other stories, because for some people...they'd never heard that stuff before, and really felt quite alone. So it was quite significant for them to hear that it wasn't just them." - Erin, worker

"watching the videos" made me feel like I know I'm not the only person that's what's happened to me has happened to. It made me feel like I wasn't the only one." - Enigma, consumer

"It meant that rather than just going in and reading the material on the site, I actually had the option to discuss that and how it affected me and what it meant to me, and that's just as beneficial as the site itself." - Pam, consumer

"It was also very natural, instead of kind of trying to do these activities where the client had to just straight away start talking, we were able to use peer support really beautifully to kind of say compare and contrast what was happening." - Donna, worker

"I do remember commenting... So that's really what they mean by recovery... it's what matters to you. It's more like it's not so much that I have mental health issues, it's how happy or how content I am within that sphere." - Vlad, consumer

"...at the end to be able to see, oh, we've been answering all these questions, this is how they might fit in for me in a plan for the future." - Phoebe, worker

Facilitators and barriers to using the website together

- **Technology factors**
  - Website easy to use and access
- **Service factors**
  - Worker and consumer are seen as equals
- **Worker actions**
  - Worker plans to use website
- **Consumer values peer content**
  - Consumer wants to discuss other pressing issues

Findings in summary

From participants' perspectives

**Jointly using an e-mental health resource elicited recovery-supportive interactions and processes**

Lived experience videos were a key facilitator of recovery processes: creating connection and inspiring hope

**Jointly using an e-mental health resource enhanced the benefit of the resource for consumers**

Sub-process 2 in ‘Discovering ways to keep life on track

Revealing experiences of keeping life on track

- Relating to the peers
- Feeling the same as the peers
- Feeling different to the peers
- Tracking progress

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Sub-process 3 in ‘Discovering ways to keep life on track

Exploring personal experiences of keeping life on track

Starting discussions
- Talking things through
- Relationship building
- More engaging interactions
- More equal interactions

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Sub-process 4 in ‘Discovering ways to keep life on track

Gaining new perspectives on keeping life on track

- Realising the personal meaning of recovery
- Managing day-to-day
- Retraining identity
- Encouraging an on-track future

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Conclusion

Using an e-mental health resource together

- Enabled a shared discovery of ways to keep life on track
- Elicited recovery-supportive interactions and enhanced working together
- Deepened value of using an e-mental health resource for consumers

E-mental health implications

SMART-Experience limitations

- Using a methodology that involved consumers more actively as researchers might lead to a different perspective
- Interviewing a consumer and worker together would deepen knowledge about therapeutic relationships in context of e-mental health
- This study does not address the systemic and socio-cultural factors that impact people living with SMI

References


http://www.psychosocial.com/IJPR_21/What_is_in_a_Name_Kinter.html


Williams, A., Farhall, J., Fossey, E., & Thomas, N. (2018). Using a methodology that involved consumers more actively as researchers might lead to a different perspective


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