Understanding Clinicians' Ethical Challenges with the Use of Technologies for Mental Health

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ABSTRACT

Despite an awareness of technologies that support those suffering from mental health disorders, acceptance of technology in the mental health domain has been limited. Here we shed light on ethical challenges faced by clinicians in using technology as a supplement to face to face clinician-patient interactions. We believe these challenges are linked to the limited acceptance of such technologies by clinicians. We present two ethical challenges related to the use of such technologies: impact of apps on users' emotional wellbeing, and clinicians' support to users in the virtual world.

AUTHOR KEYWORDS

Technology; clinicians; support; ethics; responsibility

ACM CLASSIFICATION KEYWORDS

 H.4.0 [Information Systems Applications]: General

INTRODUCTION

The World Health Organisation reports that mental disorders are one of the leading disabilities in the world and that at any given time at least 25% of the world population may be experiencing a mental health disorder (Becker, Miron-Shatz et al. 2014). Mental health disorders are described as an individual's inability to cope with life stressors to the point of affecting the accomplishment of work and study related tasks (Gravenhorst, Muaremi et al. 2015). Mental health disorders, such as depression and anxiety, are among the most prevalent disorders affecting individuals' moods and thoughts, hindering their ability to achieve personal and professional needs (Keyes 2005). In order to cope with their mental health disorders, some individuals suffering from a mental health disorder are reaching out for support to self-manage their symptoms (Ben-Zeev, Drake et al. 2012). Some are using desktop and mobile devices to self-manage their mental health. Three major categories of support can be identified, more than one of which may be present in the one application: [a] "Self-guided support", which provides psycho-educational material and mood tracking features related to developing personal insight; [b] Strategies to alleviate emotional and physical distress through the use of breathing exercises, music and/or meditation; and [c] "Social networks", which connects users to a community where they can reach out for help from peers and/or mental health professionals (in this paper, we use the term "apps" to address the above devices and the support given to users). For mental health professionals [clinicians], technology may provide a means to encourage users to practice skills taught in face-to-face interactions through the abovementioned devices and support. However, technologies for mental health have yet to be fully accepted by clinicians.

Research shows that users are more inclined to use, and continue using, such apps when encouraged by clinicians (Doherty, Coyle et al. 2010). Doherty (Doherty, Coyle et al. 2010) reports that clinicians are more willing to recommend the use of such apps if they see the value it provides to users. Additionally, research has identified a need to ensure that such apps are endorsed by mental health institutions, align with clinicians' psychological approach and support clinicians' relationships with users (Matthews and Doherty 2011). However there is still a paucity of knowledge of clinicians' perspectives of the use of such apps. This is significant as clinicians' perceptions may impact their patients' use of such apps.

In this paper, we explore the ethical challenges that affect the acceptance of technologies for mental health by clinicians.

RESEARCH AIMS AND APPROACH

The aim of this study was to understand clinicians' perspectives on the use of technology, as users are more willing to use and adopt if encouraged by clinicians (Doherty, Coyle et al. 2012).

We conducted a qualitative study, interviewing 16 clinicians to obtain their subjective views of the use of technologies for mental health. These clinicians, including psychologists and psychiatrists, provide face to face interactions to patients at private and public clinics within Australia. We analysed the data to obtain themes and subthemes, some of which concerned ethical challenges concerning clinicians' willingness to accept apps as a resource to support patients.

In the following section we discuss two challenges for clinicians identified in this study.

CLINICIANS' ETHICAL CHALLENGES REGARDING MENTAL HEALTH TECHNOLOGIES

We identified two challenges that clinicians face in order to accept the use of technologies for mental health by their patients.

Impact of apps on users' emotional wellbeing

Some clinicians believe that users' use of technology is only of concern to the user and that technology does not present a particular hazard to them. However, those clinicians who were willing to introduce technology to patients preferred to introduce apps, within face to face interactions, that could aid the recovery of users and were aligned to their ethical values. For instance, some clinicians believe that apps that could provide users with a sense of inclusion in a community, and help them cope with their feelings of distress, could benefit users' mental health.

Clinicians understand the need of patients to be independent and proactive in their recovery. However, some were concerned that not all users would be suitable candidates to use apps based on their level of distress and level of expertise on the use of technology. Some clinicians believe that patients unskilled in the use of apps could interpret their lack of skill as a barrier to their recovery from a mental health disorder if clinicians introduced technology as an adjunct to face to face interaction. Some felt this discourage some patients from reaching out for face to face support with clinicians. Thus some clinicians would only raise the potential to use technology if the user asked about it.

Clinicians didn't want to impose their therapeutic values onto users beyond face to face interactions by recommending that patients use apps. Clinicians felt that some patients would feel limited in their autonomy to act in the real world if they recommended apps. They felt it could signal the need for patients to complete tasks in between face to face consultations, thus not allowing them to proceed at their own pace in their recovery process. Clinicians feared that some users might only consent to use apps because of a desire to conform to their clinicians' recommendations or for fear of being rejected by their clinician.

Additionally, some clinicians were concerned that if they introduced technology as an adjunct to face to face, users could feel neglected or not properly taken care of in their recovery process. For instance, introducing technology to some but not to all patients could potentially send a message of exclusion and may discourage some from reaching out for face to face interaction with clinicians.

Clinicians' support to users in the virtual world.

Some clinicians believe that providing technology as an adjunct support may necessarily imply a responsibility to monitor users' use of apps, presenting an ethical dilemma to clinicians. Whilst they may identify the value of apps to support users beyond face to face interactions, they were concerned that providing apps to users may incorrectly signal immediate and direct support by clinicians. This could create a sense of rejection if clinicians could not immediately respond to a user's demands for support. This, as clinicians feel responsible for any tools that they introduce and could affect clinician-user interactions.

Furthermore, clinicians consider it appropriate to have hands on experience with apps to be able to guide patient use of apps and answer any questions about use. This raised concerns regarding the priority that clinicians need to assign to their understanding of the use of apps, as well as the scope and goal of such apps if introduced in their clinician-user interactions. Some clinicians perceived that apps need to be endorsed by well-known mental health institutions before they introduce them to patients, with all ethical concerns that could arise from their use in their clinician-patient interactions clearly explained.

CONCLUSION

Introducing the use of technology as a supportive tool in mental health settings presents ethical challenges for clinicians. In this paper we discussed two such challenges: the impact of apps on users' emotional wellbeing, and clinicians' support to users in the virtual world. We believe there is a need to better understand the ethical challenges of using technology in institutional settings for supporting the relationship between clinicians, users and mental health institutions.

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