Navigating the Digital Disconnect

Understanding the use of information communication technologies by the youth health workforce to help improve young people’s mental health and wellbeing

Abstract

Michelle Blanchard, BA (Hons), GDipAdolHlthWelf
Orygen Youth Health Research Centre
Centre for Youth Mental Health
University of Melbourne

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Supervisors: Associate Professor Jane Burns, Professor Helen Herrman, Dr Marion Frere
Abstract

Despite local and national efforts to address the challenge, the mental ill-health of young people in Australia remains a leading public health concern. Over a quarter of all young Australians aged 16 to 24 experience a mental disorder in any one year (Australian Bureau of Statistics, 2010b). Suicide rates remain high, with suicide now the foremost cause of death in the 15 to 24 year old age group (Australian Bureau of Statistics, 2010a). Aside from its significant social impacts, mental ill-health has enormous economic implications. Economic modelling estimates that in 2009 the direct costs of untreated mental disorders in Australian young people totalled $10.6 billion (Access Economics, 2009). Unless addressed, the effects of mental ill-health can persist over an individual’s lifetime (Costello et al., 2006) and lead to further occupational, economic and interpersonal difficulties. Presently, only 29% of young Australians with a mental disorder seek help when they need it (Burns et al., 2010a, Slade et al., 2009). Timely and evidence-based treatments are only encountered by a small proportion of those young people who do receive care (Andrews et al., 2000, Libby et al., 2007). This has a substantial effect on the overall wellbeing of our community.

For most young Australians, information communication technologies are part of their everyday lives. Over 95% of Australian young people use the internet (Ewing et al., 2008). Good evidence exists that technologies can be used effectively in improving mental health and wellbeing (Cuijpers et al., 2008b, Griffiths et al., 2010), especially among young people (Christensen and Hickie, 2010b). For those experiencing mental ill-health, the strategic use of technologies can help to overcome barriers to help-seeking such as physical access, confidentiality and stigma (Gould et al., 2002). Acceptance of the use of technologies for improved mental health is high, as many young people have an affinity with mobile phones and the online environment (Iafusco et al., 2000). For those wishing to improve their overall wellbeing, technologies can assist in promoting social inclusion, access to material resources and freedom from discrimination and violence (Burns and Blanchard, 2009, Burns et al., 2009a). While positive results are seen from the use of self directed eHealth interventions, there is some evidence that these are most effective if used as part of a stepped care model.
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(van Straten et al., 2010), with the support of a trained professional (Perini et al., 2009, Titov et al., 2009c) or as an adjunct to face-to-face treatment (Hickie et al., 2010).

In light of this evidence, it is timely to investigate whether the youth health workforce has the capacity to support young people’s engagement with technologies in ways that benefit young people’s mental health and wellbeing. Little is known about the attitudes of the youth health workforce towards the role that technologies play in young people’s lives and their potential impact, both positive and negative, on mental health and wellbeing (Blanchard, 2008, Burns et al., 2009a, Metcalf et al., 2008). Similarly, the way that members of the youth health workforce behave in regards to technologies and how they use these technologies in practice or to access education and training, is not well understood.

This study investigates how the youth health workforce uses technologies to promote or improve the mental health and wellbeing of young people aged 12 to 25. It uses a mixed method approach to consider:

1. the current role of technologies in improving young people’s mental health
2. what attitudes are held by the youth health workforce regarding the use of technologies in improving young people’s mental health
3. how the youth health workforce currently makes use of technologies to improve young people’s mental health.

It also considers whether there is a need to build the capacity of members of the youth health workforce to enable them to better use technologies to improve young people’s mental health.

The study employed multiple data collection methods. A total of 233 members of the youth health workforce completed an online questionnaire. Organisational audits – including in-depth interviews – were conducted at five multidisciplinary youth and community mental health services. Finally, interviews were conducted with eight thought leaders in the fields of psychiatry, psychology, epidemiology, sociology and eHealth.
Many participants believe that technologies play a considerable role in the lives of most young people and that these technologies have the potential to influence mental health and wellbeing, both positively and negatively. However, most also believe that these technologies are poorly understood and under-utilised in mental health promotion and the prevention, early intervention and treatment of mental ill-health. They commented that technologies could be used more effectively by the youth health workforce if barriers to their use were overcome. The barriers they noted include poor infrastructure, lack of guidelines or policies to support safe and constructive use of technologies and lack of awareness about which technology-based strategies or approaches are most effective and in which contexts.

Results from this study suggest that technologies have great potential for improving young people’s mental health and wellbeing when used alone, or as an adjunct to face-to-face intervention, as appropriate. However, if this potential is to be realised, guidelines for their safe and effective use need to be developed. Further research and investment needs to be made in securing appropriate technological infrastructure in youth mental health services and in training staff members to develop an adequate understanding of young people’s technology use and the range of strategies that can be applied to improve and promote young people’s wellbeing. There is strong potential to test and extend the findings from this study in other settings and with other populations. This will be needed if we are to make the most of the opportunities that technologies afford.

Abstract References

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Contact Details

For further information about this study, please contact:
Michelle Blanchard
C/- Cooperative Research Centre for Young People, Technology and Wellbeing
Unit 17, 71 Victoria Crescent
Abbotsford Victoria 3067
M: +61 403 171 989 E: michelle@yawcrc.org.au

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